DOCUMENT RESUME

ED 201 247 HE 013 722

AUTHOR Moreland, Ernest F.; Linthicum, Dorothy S.
TITLE Dental School Accreditation Costs: The Impact of Accreditation on Dental Education at the University of Maryland Dental School, 1981.
INSTITUTION Maryland Univ., Baltimore. Coll. of Dental Surgery.
SPONS AGENCY American Fund for Dental Health.; Maryland Univ., Baltimore.
PUB DATE 81
NOTE 269p.

EDRS PRICE MF01/PC11 Plus Postage.
DESCRIPTORS Academic Standards; *Accreditation (Institutions); *Costs; *Dental Schools; Faculty College Relationship; *Institutional Evaluation; Personnel Needs; Program Costs; Questionnaires; *Self Evaluation (Groups); Student Attitudes; Unit Costs
IDENTIFIERS Indirect Costs; *Site Visits; *University of Maryland Baltimore

ABSTRACT

The Baltimore College of Dental Surgery (University of Maryland) measured direct and indirect costs of the school's 1981 accreditation visit. The four objectives of the cost study were these: (1) to determine the direct (wages and operating expenditures) and indirect (effect on school goals and morale) cost of accreditation to the Dental School; (2) to determine the effectiveness of the institutional accreditation process; (3) to develop a cost model for other institutions; and (4) to develop strategies for future accreditation visits. The Cost Assessment Program (CAP), established to evaluate costs associated with accreditation, was divided into three phases: Phase One established a cost center to monitor the direct and indirect cost of accreditation; Phase Two involved the initiation of the self-study; and Phase Three concerned itself with direct operating and personnel cost. Among the findings were that faculty, administrators, and secretarial staff spent almost 10,000 work hours on the self-study; student attitudes on the whole were positive, although 82 percent felt greater student involvement was necessary; and direct costs of preparing for the site visit, from August 1980 to January 1981, were about $39,000. It is concluded that the accrediting process provides a good mechanism for reevaluation, planning, and goal setting. Appendices include statistical data as well as letters, forms and charts used in the study, and references. (LC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED201247

DENTAL SCHOOL ACCREDITATION COSTS:

THE IMPACT OF ACCREDITATION ON DENTAL EDUCATION AT THE UNIVERSITY OF MARYLAND DENTAL SCHOOL, 1981

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Ernest F. Moreland
Univ of Md. at Baltimore Dental School
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ERNEST F. MORELAND, Ed.D., Principal Investigator
DOROTHY S. LINTHICUM, M.A., Project Director

HE013722

SUPPORTED IN PART BY THE AMERICAN FUND FOR DENTAL HEALTH AND THE BALTIMORE COLLEGE OF DENTAL SURGERY, DENTAL SCHOOL, UNIVERSITY OF MARYLAND AT BALTIMORE.

DENTAL SCHOOL ACCREDITATION COSTS

-1981-

Ernest F. Moreland
Associate Dean for Academic Affairs
Baltimore College of Dental Surgery
Dental School
University of Maryland at Baltimore

Dorothy S. Linthicum
Baltimore College of Dental Surgery
Dental School
University of Maryland at Baltimore

This study upon which this report is based was supported in part by the American Fund for Dental Health and the Baltimore College of Dental Surgery, Dental School, University of Maryland at Baltimore.

FOREWORD

The accomplishments of a study of this nature could not have taken place without the support of different groups and individuals. Undoubtedly, the American Fund for Dental Health and the Baltimore College of Dental Surgery, Dental School, University of Maryland at Baltimore deserve a great deal of credit for the financial support they contributed to this study. In addition, the unqualified support on the part of the faculty and staff at the Dental School made the study possible. Special thanks are due to a number of people without whom this report could not have been completed:

Dr. Errol L. Reese, Dean, who gave of his time and energy, as well as budgetary support;
Editoral assistance of Mrs. Myra Land;
Graphic support provided by Ms. Leslie LaCroix;
and the secretarial assistance provided by Mrs. Myra White, Mrs. Betty O'Donnell, Mrs. Darlene Bullock and Ms. Patricia Stokes.

TABLE OF CONTENTS

	Pages
Preface	i
Introduction	1
Methodology	10
Results	20
Direct Costs of Accreditation	21
Indirect Costs	65
Effectiveness of the Accreditation Self-Study Process	119
Discussion	142
References	150
Appendixes	151

PREFACE

Over the years, the process of accreditation has been studied from almost every angle. The benefits have been weighed, the purposes redefined, and the weaknesses debated. However, one element -- the cost -- has received only scant attention.

Costs, always an important element in education, have become even more significant as the pressures of inflation and sharp reductions of public funds intensify. In the health professions, proliferation of new accrediting agencies and increased requirements of existing systems have increased the total cost to the profession, the institution and the taxpayer.

The Baltimore College of Dental Surgery, Dental School, University of Maryland at Baltimore, with funding from the American Fund for Dental Health, has attempted to measure direct and indirect costs of the School's 1981 accreditation visit.

OBJECTIVES

The four objectives of the cost study were:

1. To determine the direct (wages and operating expenditures) and indirect (effect on School goals and morale) costs of accreditation to the Dental School;
2. To determine the effectiveness of the institutional accreditation process;
3. To develop a cost model for other institutions;
4. To develop strategies for future accreditation visits.

METHODOLOGY

The Cost Assessment Program (CAP), established to evaluate costs associated with accreditation, was divided into three phases.

During Phase One, a Cost Center was established to monitor the direct and indirect costs of accreditation. A series of forms were designed and validated to gauge the amount of time faculty and staff spent on accreditation and to record other costs, such as duplication and supplies.

Phase Two began with the initiation of the self-study. Time records were maintained and verified by a review of minutes from committee and departmental meetings. In addition, a random sample of faculty and administrators were interviewed to validate time reports.

Questionnaires to assess attitudes towards accreditation were designed and distributed to faculty, students and secretarial staff. The response rate was approximately 70 percent for the faculty and student body, and 65 percent for secretaries.

During Phase Three, direct operating and personnel costs were tabulated. Results of the faculty, student and secretarial surveys were used in conjunction with observations and interviews to estimate indirect costs.

RESULTS

Total direct costs of the Dental School accreditation process, from the initial planning phase of the self-study in August 1979 through the site visit in January 1981, were over $200,000. These costs primarily represent time spent by faculty and staff, which totaled about 12,200 hours. Among the other expenditures were the costs of two faculty retreats, duplication and paper, postage and telephone.

Costs of completing the self-study phase were between $160,000 and $180,000. About 70 percent of the total cost came from time spent individually by faculty and staff. The cost of time spent in committee meetings was only about a third of the cost of individual time. Other direct costs, including duplication and prorated expenses of the faculty retreats, comprised about 6 percent of the total.

Faculty, administrators, and secretarial staff spent almost 10,000 man-hours on the Dental School self-study. Department chairmen logged almost 2,000 hours; other administrators, including deans and their assistants, about 2,000 hours; non-administrative faculty, 3,500 hours; and secretarial staff, 2,200 hours.

Costs of the DDS portion of the self-study were about $135,000, 85 percent of the total. The dental hygiene study accounted for about 7 percent of the total, while the Advanced Specialty Education reports were about 8 percent of the total.

Direct costs of preparing for the site visit, from August 1980 to January 1981, were about $39,000. During this time period, faculty and staff logged about 1,900 hours. Costs incurred by the Dental School during the week of the accreditation site visit were about $7,500, representing about 370 hours of faculty and staff time.

Student attitudes on the whole were positive, although a majority (82 percent) felt there should have been greater student involvement. The two most positive ratings were in faculty accessibility and quality of instruction, where students indicated accreditation activities had not interfered with the learning process.

Overall, attitudes of faculty toward the effect of the self-study on faculty accessibility, quality of instruction, research and service were positive. The majority indicated that research had been the area of responsibility most affected by the self-study. For the most part, faculty attitudes were neutral toward the effectiveness of the self-study organization and toward the self-study as a mechanism for change.

Secretarial attitudes toward accreditation were also largely neutral, although departmental secretaries tended to be more negative than other secretaries. Strongest feelings were expressed toward the interference of accreditation with routine tasks and the lack of sensitivity of the School to their increased workloads.

DISCUSSION

Knowledge of the costs of accreditation can lead to a better understanding of the process and the limits of its benefits. Because it is difficult to quantify all the benefits of accreditation, there is no way to ascertain if the $200,000 cost was justified. The only certainty is that the costs are real, and should no longer be ignored by either the ADA Commission on Accreditation or dental schools facing site visits. Because accreditation does draw resources from other areas of operation, the process should be efficient in its continuing efforts to maintain standards and foster excellence.

INTRODUCTION

The consumer protection movement in the United States has permeated almost every service and product area. The self-policing and licensing functions of the medical and legal professions have recently come under fire, while demands for accountability are heard at every level of education. The result has been increasing regulation from without and within the various professions.

Nowhere is this more evident than the accreditation process in higher education. Initially, accreditation attempted to guarantee parity of minimum standards among institutions. That function still remains foremost, but the process itself has grown considerably. In addition, the number of specialized accrediting agencies has increased, resulting in multiple reviews and evaluations of the same institution.

The role of accrediting agencies in the future is most likely to increase. The Carnegie Council on Policy Studies in its 20-year forecast states that accrediting agencies "need to start using full-time and more meaningful standards" and that better performances by the agencies "is the best defense against the establishment of more government controls" (Carnegie Council, 1980).

Over the years, accreditation has been studied from almost every angle. The benefits have been weighed, the purposes redefined, and the weaknesses debated. The element of cost, however, has received only scant attention. Costs, both direct and indirect, are often alluded to but rarely enumerated.

Despite the long history of accreditation, few have tried to measure qualitative and quantitative costs of preparing for an accrediting visitation. Scarce resources are often diverted from the teaching, research and service responsibilities of an institution in prepar-

ing for the visit. In the health area the proliferation of accrediting agencies has increased the total cost to the profession, the institution and the taxpayer. Too frequently different groups visit institutions at different times, requesting similar information in different formats. The necessity or benefit of accreditation is not questioned. However, to determine better the future role of accreditation, benefits should be weighed against some estimate of the costs.

In conjunction with the 1981 site visit of the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs, the University of Maryland, Baltimore College of Dental Surgery, Dental School, monitored the monetary and nonmonetary costs of the accreditation process. The project was funded by the American Fund for Dental Health and the University of Maryland Dental School. The Commission on Accreditation is responsible for monitoring programs in professional dental education as well as specialty and auxiliary education, laboratory technology programs, dental hygiene programs, dental assisting programs, and the development of standards for dental internships and residency programs (Santangelo, 1977).

The costs defined in the Results Section of this report only relate to the Dental School. Costs borne by the Commission and member institutions in support of accreditation are not included.

Objectives

The problem addressed in the study was to determine the monetary and nonmonetary costs of accreditation to the University of Maryland Dental School. Four objectives were addressed:

1. To determine the direct costs of the accreditation process to the Dental School. Direct costs were identified as wages of faculty, associate staff, and classified employees for time spent on accreditation tasks; opera-

ting expenses such as equipment, supplies and communication.

2. To describe the indirect costs of accreditation that affect the normal operation of the Dental School. Indirect costs included the effect of demands of accreditation on the goals of the Dental School and the attitudes and morale of faculty, staff and students.
3. To determine the effectiveness of the use of resources in the institutional accreditation process.
4. To develop a model other institutions may use to measure costs of accreditation.

Self-Study Plan of Organization

The self-study took place in the academic year 1979-80 preceding the January 1981 accreditation site visit. An ad hoc Committee on Accreditation was appointed by the School's Executive Committee in October, 1979, one month prior to the initiation of the self-study. The responsibilities of the Committee were to develop a timetable and to establish guidelines and procedures.

The ad hoc Committee was comprised of a cross-section of faculty, students and administrators. A majority of Committee members also served as chairmen of Task Committees responsible for individual reports. About half of these Task Committees were already in existence as standing committees of the Faculty Council. The Committee structure was dictated for the most part by the different sections in the Self-Study Manual. Preparation of certain portions of the report involved personnel outside the School, such as University financial and library personnel. In addition to the individual Task Committee reports, a self-study report was prepared by each department.

The faculty were introduced to self-study materials and committee selection at a Faculty Retreat in early October, 1979. Task Committees and departments began meeting in November to plan their study methodology. First drafts of the self-study reports were due in March,

four months later. Although some reports were late, most were ready within two weeks of the deadline.

Review Subcommittees, made up of ad hoc Committee members and other faculty, read the reports and submitted recommendations for changes to Task Committees and department chairmen during March and the first of April. Revisions were made and reports were resubmitted in April and May. Final reviews were concluded in May and June.

After reviewing all of the reports and recommendations, the ad hoc Committee identified major issues that related to the School as a whole. The issues identified by the ad hoc Committee were presented and discussed at a second Faculty Retreat in October, 1980.

A rough breakdown of the time allocations follows:

Planning for the self-study: 1 month
Conducting the study and completing the first draft: 4 months
Review and revision of reports: 3 months
Identifying major issues: 1 month

(Time spent by several administrators on preliminary work was not included in the timetable.)

Review of the Literature

In recent years, the accrediting process has grown through the influence of two primary forces. First, more and more groups are exercising controls over entry into their professions. About 25 percent of the accrediting agencies in the United States, for example, have been operating less than five years. Second, accrediting has expanded its function from initial certification to include institutional self-improvement, eligibility for funding and consumer protection (Warren, 1980).

> "During the most recent decade, we have witnessed a pronounced shift in the process of institutional accreditation from observation to evaluation, from meeting arbitrary criteria to institutional improvement. The self-study, as a part of the accreditation process,

has become a more serious endeavor" (Cage et al, 1980).

The many benefits of accreditation have been widely documented (Wiley and Zald, 1968; Trivett, 1976; Dickey, 1970; Selden and Porter, 1977). Most obvious is the assurance that higher education programs meet minimum standards of quality. Just as important, perhaps, is the recognition and the degree of respectability accreditation has helped to foster. Colleges also have been strengthened by intensive self-evaluation, and students have benefited from better administration, more effective instruction and current technologies.

The accreditation process, which originally involved setting minimum standards for schools, started in the early 1900's. Colleges and secondary schools in regions where accrediting associations existed attempted to reach agreement on entrance requirements for higher education. The establishment of the College Entrance Board in 1901 prompted newly formed regional associations to develop accreditation procedures to enable schools in the respective regions to meet standards for membership (Wiley and Zald, 1968).

Accreditation began to change as the majority of institutions met minimum standards. While providing institutions the proper credentials is still a function of accrediting agencies, the more important emphasis became educational quality. Wiley and Zald (1976) conclude that "accreditation is probably less meaningful today than it once was." As institutions perform above the minimum, "other mechanisms of social control come into play."

Mellinkoff and Arthur (1979), however, predict that accreditation of institutions will become even more elaborate and detailed, but conclude that "there has to be a limit to policing functions." They believe that external evaluations are necessary only for a minority of schools because self-imposed standards of faculty, students and the professions themselves are sufficently high to insure excellence.

The Joint Committee on Accreditation during the 60's alluded to six evils of accreditation (Dickey, 1970):

1. Too many agencies
2. Too much duplication
3. Too high of a cost for evaluation
4. Too much emphasis on quantifiable and superficial standards
5. Too much domination by outside groups
6. Too much standardization which destroys an institution's rights and freedoms.

Costs involved in the accreditation process can be both quantitative and qualitative. Quantitative costs include institutional self-study and site visit costs, visiting team costs and agency operating costs (Warren, 1980). Qualitative or hidden costs also have been identified, such as the risk of evaluation leading to sameness among institutions. For example, a promising new program may not be implemented because of a low percentage of library volumes or doctorates on the faculty (Brown, 1974). The accreditation process itself also affects faculty morale as administrative workloads are increased.

Qualitative costs of accreditation were being discussed as early as 1928. A leading educator, F.R. Kelly, of the University of Minnesota, alluded to three specific dangers or costs of education:

1. Professions can limit the numbers entering the profession, making increased fees possible for professional service;
2. Schools whose curricula are standardized have a disproportionate influence in their appeals for support from University funds;
3. By demanding uniformity, accreditation may stifle experimentation, eventually impeding progress (Kelly 1928).

Brown (1974) noted that "by and large, the benefits of external evaluation far outweigh the costs. That is not to say that there are no drawbacks or that costs are not substantial." Brown identified five categories of costs for external evaluation which include accreditation:

1. Evaluation can lead to sameness, even though the different accrediting agencies have made strong attempts to encourage innovation and experimentation. Brown suggests that the presence of a team made up of people from conventional institutions increases the risk of inhibiting experimentation. Because accreditation is a "hurdle that must be accommodated," an institution may find it easier to conform to the standard. "Even when an institution risks nonconformity, an orthodoxy is ever present" (Brown, 1974).

2. Evaluation can plunder and drain an institution. Evaluators are entrusted with authority without continuing responsibility. Cavalier suggestions, inadequately researched recommendations can haunt a faculty and administration for years. In gathering more resources for a particular program, inadequacies may be overstated. "Each critical comment is likely to be construed as personal inadequacy by the individual responsible for the program. On the other hand, an uncritical evaluation may lull an institution into believing that she has indeed been visited and has passed muster" (Brown, 1974).

3. Time and dollar costs is the third category described by Brown. He cites a small university that was undergoing review by a regional accrediting association estimated that 10,000 man-hours were devoted to committee meetings and report writing. Assigning a $15 value on each man-hour and adding direct expenses places the cost at roughly $200,000. Brown (1974) said, "This is not a high cost if the accreditation process incorporates time that would have been spent

planning in any case." Costs become unreasonable only when an institution must repeat the process too often, or accrediting agencies ask institutions to retrace ground covered recently in response to other groups.

4. Brown believes the disparate and sporadic proliferation of accrediting agencies sponsored by specific disciplines and professions is even more substantial. "The disciplines that have well-developed sanctioning agencies are able to gather more than their fair share of a university's resources to the disadvantage of those disciplines that have not yet developed similar procedures."

5. The final cost is the dangerous entree given to external evaluators that can upset the necessary independence of an institution. Brown finds this cost to be the most serious and elusive.

Discussions of accreditation costs, such as the arguments made by Brown, have been mostly academic. The literature indicates that attention in the past has been focused on the historical aspects of accreditation such as the advantages and disadvantages of varying lengths of accreditation intervals. Few, studies have been devoted specifically to the cost of accreditation.

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in attempting to estimate costs of their relatively new self-study process also found little written about accreditation costs.

> "With such unanimity about self-study it might reasonably be assumed that its values were quantified and its costs established. This was, and is, far from the case. It is hard to find any confirmation of the value or justification of the use of self-study that is not anecdotal, subjective, and sometimes self-serving." (Macpherson, 1979)

NAACLS found it took program personnel from one to 24 months to complete the self-study, involving 10 to 3,000 faculty hours. Because records "were admittedly not very accurate," these figures are probably underestimated. Based on average time spent by faculty and secretarial staff and estimates of mean salaries, average costs of the self-study by program were about $6,000. (Macpherson, 1979)

The evident "out-of-pocket" costs of professional accreditation are borne by the institution and the profession. However, the primary financial costs fall on the professional institution in conducting a self-study prior to the visit, in hosting accreditation visits, and in preparing follow-up reports. Some have agreed that because institutions of higher education must engage in a continuing process of self-evaluation, the costs of self-study should not be attributed to accreditation (Young, 1980).

A "price" is paid, however, for all aspects of accreditation. These costs should be identified as expenditures to the institutions which are passed on to the student, the patient and the taxpayer.

METHODOLOGY

A Cost Assessment Program (CAP), funded through the American Fund for Dental Health and the University of Maryland Dental School, was established to assess the costs associated with accreditation. In order to meet the objectives outlined earlier, the CAP project required cooperation from everyone involved in the accreditation tasks, including faculty, secretarial staff and students. At the same time, it was important to minimize paperwork for those involved and to keep the cost analysis from intruding in the accreditation process. The methodology was designed to meet these dual goals of viable data and minimal intrusion.

The staff for the CAP project included a part-time director and a full-time secretary. The director was responsible for designing and implementing the study, while the secretary kept up with necessary paperwork, filing and bookkeeping.

The time frame for the CAP project followed the Dental School's timetable for completing each accreditation task. The chart below provides a breakdown of how time was spent:

Time Frame	CAP Activity
October 1979	Phase 1: Develop methodology; establish cost center
November 1979-July 1980	Phase 2: Collect data on self-study activities
August 1980-March 1981	Phase 3: Continue data collection; analyze data; report findings

During Phase one, the Dental School was also making preparations and developing plans to begin the self-study process. The bulk of the self-study activities corresponded to the time indicated for Phase

two. During the third phase, the self-study report was sent to the Commission on Accreditation, along with a Progress Report submitted in December 1980. The site visit occurred January 12-16, 1981, ending the Dental School's involvement until the Commission reports the findings and recommendations of the site visit team.

The collection of data was designed to ascertain both direct and indirect costs to the Dental School. Although no attempt was made to measure benefits, it is important to mention certain positive outcomes to provide a clearer picture of the costs. The sections below will briefly describe the instruments and methods used in data collection and discuss the limitations.

Direct Costs

The major direct cost to the Dental School came from time spent by faculty and staff on accreditation activities. To define this time, monthly time sheets were distributed to all faculty and secretarial staff for a detailing of time spent on individual tasks and initial preparation of self-study reports (see Appendixes A and B). The logs were divided into categories corresponding to the various tasks defined in the Self-Study Manual.

The faculty was introduced briefly to the CAP project at a Faculty Retreat in October 1979. More detailed presentations about CAP were made at later meetings of the ad hoc Committee on Accreditation and the Executive Committee, composed of department chairmen and deans. In November, all faculty members received a letter from the Dean encouraging their cooperation with the CAP project. Attached to that letter was a sample time record and November log (see Appendix C). Faculty were asked to return the logs at the end of each month.

Each secretary involved in the accreditation process was visited by the CAP Director, who described the study and the time logs. In addition to keeping track of time spent by category, secretaries were

asked to keep records of duplication performed for accreditation. The duplication form was printed on the back of the time log and included blanks for number of copies made, number of originals, whether or not the pages were printed on both sides, and the type of machine used (see Appendix B).

Because the Dental Hygiene faculty were not involved in the undergraduate DDS self-study, they were provided a separate monthly form (see Appendix D). The dental hygiene time log requested the amount of time spent, dates, a brief description of how the time was spent, including whether it was spent individually or in committee.

During the review process, faculty forms were simplified, since identifying time by categories was too cumbersome (see Appendix E). Faculty were asked to record the amount of time spent, whether it was individual or committee, and how it was spent. In the ledger, time and cost were entered under the heading of "Review" or "Other". Postscripts were used in the "Other" category to define the expenditure of time. This was important for separating out costs of postgraduate, dental hygiene, departmental and Task Committee revisions.

Similar forms were used in the period after the self-study. One form was sent to all full-time faculty and secretarial staff to cover the months of October through December 1980 (see Appendixes F and G). A memo reminding faculty and secretaries to return these forms was attached to the time form for January (see Appendixes H and I). The last month the faculty were asked to record time spent on accreditation was January 1981, the month of the site visit.

Each department and Task Committee was required to keep minutes of all meetings during the self-study period, including attendance and length of the meeting. The CAP secretary used these minutes to record time spent in committee meetings on each faculty member's time log. The minutes also provided an indication of faculty involvement in the self-study. Since minutes were not required for

the Review Subcommittees, sign-up sheets were provided to each subcommittee chairman (see Appendix J). These were used to verify forms completed by faculty and indicated which faculty were actively involved at this time.

In addition to the January log, the site visit schedule was used to record time spent by faculty during the site visit. At the end of January, each department chairman was asked to remind his faculty to return all forms as soon as possible (see Appendix K).

A ledger was set up for monthly entries of data for each faculty member by department, category, and individual vs. committee time. Next to the time entries, a cost estimate was determined on the basis of annual salaries. Faculty were assumed to work a 40-hour week, while secretaries were assumed to work 35.5 hours a week. Hourly wages were computed from annual salaries based on these assumptions, as well as part-time percentages.

Reminder memorandums were sent to faculty who attended committee meetings but did not report any time spent individually (see Appendix L). At the end of the four-month period, when the first draft of the self-study was being compiled, department chairmen were sent lists, by month, of faculty who had not reported any individual time spent (see Appendix M). Reminder memos were also sent during the review process to faculty and staff who were involved in the Review Subcommittees but had not returned time logs (see Appendix N). During this time, random interviews were made with nonrespondents to determine their level of activity.

The response rate for faculty time reports during the self-study was about 86 percent. A monthly breakdown is provided in the Results Section under direct costs. The response rate for secretarial staff was about 90 percent. Only limited follow-up (usually done by telephone) was necessary for secretaries.

In addition to time costs, tabulations were made of other direct costs, such as duplication, faculty retreats, telephone, postage,

binding and art work. Duplication costs were computed from the monthly secretarial reports. These costs were broken down in the same categories used for timekeeping. Both the cost of copying and paper were computed.

Costs of the retreats are described in detail in the Results Section. Taken into account were faculty time spent on accreditation-related material, prorated costs of the accommodations, preparation of materials and opportunity costs of revenue foregone from patient clinic fees.

Most telephone and postage costs were incurred immediately preceding the site visit. Bills from the telephone company, as well as postage receipts, were used to calculate these costs. The Department of Educational and Instructional Resources kept records on costs of art work and binding performed for the self-study.

Indirect Costs

Indirect costs were defined as non-pecuniary aspects of accreditation that might have affected the operation of the Dental School. For example, University personnel not paid by the Dental School were required to provide information and compile certain sections of the self-study report in addition to working with the visiting team during the site visit. Although not a direct cost to the School, student time spent on the self-study and during the site visit also should not be overlooked. In addition, changes in attitudes of students, staff and faculty as a result of the workload was an important consideration. Finally, the possible diversion of resources from education, service and research was explored.

1. Non-Dental School University Personnel

The main measurement of the contributions of University personnel not at the Dental School was a record of time and output. These employees, identified by Task Committee Chairmen, were sent a brief

explanation of the study and appropriate time records for themselves and their staff (see Appendix O). Interviews with Dental School faculty who were on committees with personnel outside the School were used also to estimate time spent by University personnel indirectly involved in the study.

2. Student Time

Time sheets were sent with an explanation of the study to all student members of Task Committees and to class presidents (see Appendix P). Attendance of students at committee meetings was monitored through the minutes and site visit schedule.

3. Measuring Attitudes

Three survey instruments were developed to measure attitudes of students, faculty and secretaries toward accreditation (see Appendixes Q, R, S and T). The student survey was administered in May in lecture courses of first- and second-year students and during clinic (module) meetings of third- and fourth-year students. The surveys were administered at these times because the 1979-80 student groups had participated in and been affected by the self-study, the most time-consuming portion of the accreditation process. The instrument was pre-tested with 10 members of the Student Dental Association. Response rates are included in the Results Section. Surveys were also sent to postgraduate students who also hold faculty appointments.

The faculty questionnaire was designed to measure faculty attitudes toward the impact of accreditation and toward the diversion of resources. The instrument was administered the second day of the October 1980 Faculty Retreat. (The first day of the retreat was spent discussing the major recommendations of the self-study report. At that point, the faculty had not been given any of the CAP findings.) The instrument was pre-tested by a random group of 10 faculty.

While the faculty were answering questionnaires at the retreat, secretarial surveys were distributed at the Dental School. As with the two previous instruments, no identification was required on the survey form, and the instrument was pre-tested. Response rates for faculty and secretaries are included in the Results Section.

In addition to the questionnaires, attitudes were noted during interviews or informal faculty discussions. The CAP Director also attended many of the Task Committee and departmental meetings which provided a barometer of faculty feelings as the study progressed.

4. Diversion of Resources

Responses to faculty, students, and secretarial surveys served as the primary source for determining diversion of resources resulting from accreditation. Faculty indicated not only which areas experienced the greatest intrusion, but also the extent of that intrusion. In each instance faculty attitudes were measured according to their perceptions of the impact on school-wide and individual areas of responsibility.

Other indicators of diversion of resources were also monitored. Continuing education catalogues for the year preceding, during and after the self-study period were analyzed to detect decline of faculty activity in course development or teaching. Budget figures from the same time period were also compared for dramatic differences in research funding. Interviews with Dental School personnel involved in research activities were conducted by the CAP Director, and comparison made of grant proposals submitted before, during and after the accreditation self-study. Regular monitoring of Faculty Council meetings also provided information about disruptions of normal operations.

Analysis of Self-Study Process

In addition to monitoring the direct and indirect costs of accreditation, an analysis was made of the self-study process used by the Dental School. Commission materials, including the self-study guidelines and objectives, were reviewed and compared to the structure adopted by the Dental School. From the outset, the CAP Director attended all ad hoc Committee on Accreditation and Faculty Council meetings along with as many Task Committee and departmental meetings as time permitted.

Data collection efforts of the various committees were also monitored. Any surveys designed specifically for the self-study were analyzed for effectiveness and compared for possible duplication of effort (see Appendix U). A similar analysis was made of questionnaire results collected for a different purpose and used in the self-study report.

In addition, data requirements of various educational and professional agencies were compared to the self-study data needs for duplication of effort. This included the previous Middle States Accreditation Site Visit in 1976, as well as annual data requests by the American Dental Association.

Limitations

The results of this study are only estimates of the direct and indirect costs of accreditation. In computing direct costs, the reliance on time as the major cost component presents several limitations. Faculty were more likely to report large units of time spent on a single project, while deleting time spent in short spurts answering questionnaires or during unexpected confrontations in the hallways or following a meeting. There is also some question about the cost to the Dental School of faculty work done at home, or school work that was done during "off-time" to allow time for accreditation tasks.

(Answers to the faculty questionnaires, however, indicated that some work, especially research, was postponed as a result of accreditation.)

The measurement of attitudes and other factors making up indirect costs relies heavily on qualitative evaluations. Bias, on the part of the instrument and the respondents as well as in the analysis of data, can lead to erroneous conclusions.

Finally, the impact of the CAP project on the accreditation process is difficult to gauge. Every effort was made to limit the intrusion of the CAP project during and after the self-study. Although the CAP Director attended many of the meetings, it was always as the role of observer, never as participant. In addition, no results of the CAP study were released to faculty until the conclusion of the self-study. None of the survey groups - faculty, students and secretaries - were biased by data from one of the other groups. There is little evidence that the CAP project influenced accreditation activities at the Dental School, except perhaps to increase awareness of time spent.

Major Research Questions

1. What were the direct costs of accreditation to the Dental School?

    a. How much time was spent by faculty and staff?
    b. Was the distribution of work equal throughout the School?
    c. How much time was spent in meetings as opposed to individual work?
    d. What were the costs of other time spent in support of accreditation?

2. What were the indirect costs of accreditation?

    a. How were resources diverted during the process?
    b. Did the quality of instruction in the classrooms and clinic change?

c. Did the amount of time available for research decline?
d. Was less time spent in service activities?
e. What was the morale of faculty, staff and students during the self-study?

3. How was the self-study organized?

a. Did the self-study provide a mechanism for evaluation and point to future goals?
b. Did most faculty and students have opportunities to be a part of the self-study?
c. How was data used and how was it collected?

4. Could the Dental School prepare better for future site visits?

5. How would changes in accreditation requirements affect the direct and indirect costs?

RESULTS

DIRECT COSTS OF ACCREDITATION

The total direct costs of the Dental School accreditation process from the self-study planning begun in August 1979 to the site visit in January 1981 were about $200,000 (see Figure 1). These costs primarily represent time spent by faculty and staff developing the self-study and preparing for the site visit - about 12,000 hours spent individually or in various meetings (see Table 1). These figures represent actual time reported by Dental School personnel. Estimates of time spent by non-respondents increase the direct costs from $200,000 to $230,000. Other costs include retreat expenses, duplication and paper, postage, telephone, and similar expenditures.

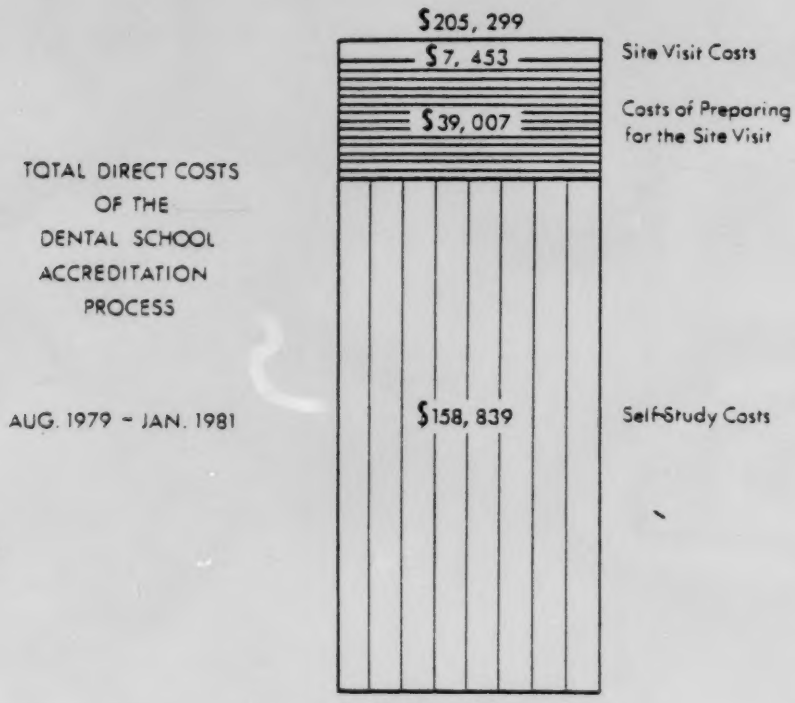


Figure 1. Total direct costs of the Dental School accreditation process.

Table 1. Time spent during the accreditation process: August, 1979-January 1981

	INDIVIDUAL	COMMITTEE	TOTAL
ADMINISTRATORS	1,828:05	767:55	2,596:00
DEPARTMENT CHAIRMEN	1,834:40	567:10	2,401:50
NONADMINISTRATIVE FACULTY	2,531:10	1,917:40	4,448:50
SECRETARIAL STAFF	2,715:20	29:55	2,745:15
TOTAL	8,909:15	3,282:40	12,191:55

Over 75 percent of the total direct costs to the Dental School were attributed to the self-study, while less than 4 percent of the direct costs were incurred during the site visit itself. The remainder of the costs (19 percent) came from activities in the 5 1/2 months preceding the site visit.

The highest costs to a single office or department, over $29,000, were incurred by the Dean's Office, which includes the Dean and his Associate Dean, an Associate Staff member, the Business Officer and six secretaries (see Table 2). The Accelerated Professional Training Program, with only four full-time faculty and one secretary, had costs of almost $13,500. Departmental costs ranged from a low of about $2,500, for a small basic science department that was without a chairman during most of the self-study, to almost $12,500 for a larger clinical science department. The average cost for the 18-month period for the 17 departments (including Dental Hygiene) was about $6,000. (Mean costs were $6,103; median, $5,482.)

Over 40 percent of the more than 12,000 hours logged during the accreditation process were attributed to administrators, department chairmen and program directors (see Table 1). Nonadministrative faculty accounted for about 36 percent of the total hours, while the secretarial staff were responsible for about 23 percent. Time spent by department ranged from about 180 hours to 786 hours.

Table 2. Direct Costs of the Dental School Accreditation

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	DUPLICATING COSTS	TOTAL
DEAN	20,194.69	6,558.89	2,447.61	29,201.19
ACADEMIC AFFAIRS	8,495.90	2,852.92	242.31	11,591.13
CLINIC AFFAIRS	5,666.62	2,090.80	145.25	7,902.67
ADMISSIONS	1,478.36	1,391.52	46.25	2,916.13
STUDENT AFFAIRS	1,387.51	959.94	20.25	2,367.70
EXTRAMURAL TRAINING PROGRAM	1,165.60	531.19	168.94	1,865.73
BASIC DENTAL SCIENCE	3,940.87	1,747.18	-	5,688.05
CONTINUING EDUCATION	1,611.71	603.51	6.25	2,221.47
ANATOMY	5,341.62	2,152.76	44.80	7,539.18
BIOCHEMISTRY	2,754.83	566.71	8.00	3,329.54
EDUCATIONAL & INSTRUCTIONAL RES.	6,236.04	1,513.76	391.38	8,141.18
MICROBIOLOGY	1,934.63	1,143.60	-	3,078.23
PHARMACOLOGY	4,527.52	1,731.92	84.66	6,344.10
PHYSIOLOGY	1,393.98	1,069.90	-	2,463.88
BIOLOGICAL SCIENCES ASSISTANT DEAN	5,100.32	2,033.50	-	7,133.82
ENDODONTICS	3,470.36	1,682.38	9.25	5,161.99
FIXED RESTORATIVE	1,476.97	1,851.41	1.55	3,329.93
ORAL DIAGNOSIS	6,371.21	3,335.71	39.37	9,746.29
ORAL HEALTH CARE DELIVERY	7,822.20	4,356.83	228.60	12,407.63
ORAL PATHOLOGY	2,984.98	1,232.48	27.60	4,245.06
ORAL SURGERY	3,877.36	1,027.56	11.45	4,916.37
ORTHODONTICS	5,344.13	1,735.51	12.03	7,091.72
PEDIATRICS	2,128.67	1,424.99	-	3,553.66
PERIODONTICS	6,406.36	1,936.05	46.77	8,389.18
REMOVABLE PROSTHODONTICS	2,253.96	3,221.36	6.90	5,482.22
ACCELERATED PROF. TRAINING PROGRAM	10,090.37	3,018.66	320.77	13,429.80
ADVANCED SPECIALTY EDUCATION	2,751.94	1,113.86	201.39	4,067.19
DENTAL HYGIENE	6,041.15	2,404.87	85.24	8,531.26
SUBTOTAL	132,249.91	55,289.77	4,596.62	192,136.30
OTHER			489.43	13,162.11
TOTAL	132,249.91	55,289.77	5,086.05	205.298.41

During the 18-month process, an administrator spent on the average about 200 hours on accreditation-related activities. Department chairmen spent an average of 133 hours. Nonadministrative faculty spent an average of 44 hours, with a range of less than an hour to almost 300 hours. Secretaries on the average spent about 86 hours.

The self-study, a recent addition to the accreditation process, accounted for over 80 percent of the time logged by faculty and staff during the 18-month period. Without the self-study, the Dental School would probably have spent less than 3,000 hours and $50,000 as opposed to 12,200 hours and $205,000.

Direct costs of accreditation were divided into sections representing different phases of the process. Three main areas are as follows:

1. Direct Costs of the Self-Study
2. Preparation Costs for the Site Visit
3. Site Visit Costs

The first section, Direct Costs of the Self-Study, was further divided into three components to show the direct costs of:

1. Preparation and planning for the self-study (August through October)
2. Preparation of the first draft of the self-study report (November through February)
3. Review and revision (March through July).

Cost breakdowns by month during the year-long study also are provided. The second major area, Preparation Costs for the Site Visit, covered the time between the formulation of final recommendations by the ad hoc Committee on Accreditation to the time of the site visit itself. During this time the faculty met at a retreat to discuss the major findings of the self-study, progress reports were written by department and Task Committee Chairmen, and supplemental materials were gathered. The final area, Site Visit Costs, measured only those

costs incurred by the Dental School during the week of the site visit, January 12 to 16, 1981. Not included in this section are the indirect costs to the members of the site team and the schools and organizations they represent, and the direct cost to the Commission on Accreditation and its member schools.

Direct Costs of the Self-Study

The total direct costs of completing the accreditation self-study at the Dental School were almost $160,000 (see Figure 2). These costs came from wages of faculty and time spent individually or in committee meetings and from support costs of duplication, supplies and equipment. Time costs were computed from monthly logs completed by faculty and staff and minutes from Task Committee and departmental meetings. The amount shown in Figure 2 reflects actual time recorded from the logs and minutes. The total response rate during the self-study period was 86 percent of full-time faculty, ranging by month from 75 percent to 91 percent (see Table 3). If costs of individual time were projected to include full-time faculty who did not respond, total costs would come to almost $180,000.

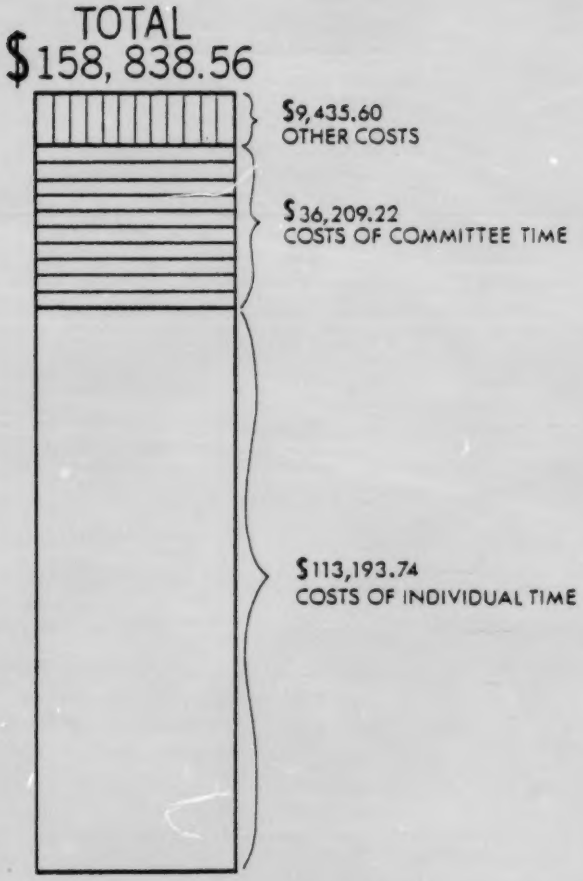


Figure 2. Direct costs of the Dental School self-study.

Table 3. Return rates of full-time faculty time logs by month

	Rate (%)
November 1979	89
December 1979	92
January 1980	89
February 1980	84
March 1980	83
April 1980	75
May 1980	85
June 1980	84
Overall Response Rate	86

Projecting non-respondent costs from respondents has some validity because of the similarity in profiles of the two groups. While the respondent group includes more of the highest-salaried faculty (such as deans), it also had a higher return rate among the lowest paid faculty and secretarial staff. The non-respondent group included ad hoc Committee members, department chairmen, and faculty active and inactive in the self-study process. Projections were used only in computing individual time since committee time was computed from minutes recorded at the meetings. In the following discussion, ranges between projected and actual figures will be given when appropriate. However, the tables describe only actual amounts, as determined by time recorded in faculty logs or committee minutes.

The major costs came from time spent individually - over 70 percent of the total. If projections are used, that proportion increases to 75 percent. A breakdown of costs by the three subsections shows that individual time accounted for 84 percent of the cost of preparing the first draft of the self-study report, 70 percent of review and revision, but only 21 percent of the self-study planning costs (see Table 4). While most of the preparation of the first draft of the self-study was done individually, many faculty were involved. During the busiest month, about half of the full-time faculty worked

at least eight hours on the self-study. The number of faculty involved in the final review process declined. Only about 20 percent of the full-time faculty worked at least eight hours, while another 15 to 20 percent worked from one to eight hours.

Table 4. Direct Costs of the Dental School Self-Study by Section***

	INDIVIDUAL	COMMITTEE**	OTHER*	TOTAL
PLANNING FOR THE STUDY	$ 4,255.89	$11,348.62	$4,943.82	$20,548.33
PREPARING THE FIRST DRAFTS	71,687.08	11,495.94	1,670.86	84,853.88
REVIEW AND REVISION	37,250.77	13,364.66	2,820.92	53,436.35
TOTAL	113,193.74	36,209.22	9,435.60	158,838.56

*Includes retreat costs, paper, duplicating
**Includes all meetings
***Includes DH and ASE

Total costs were also broken out to show direct costs by type of program (see Figure 3). The DDS costs, including the three-year Accelerated Professional Training (APT), came to almost $135,000, about 85 percent of the total spent. The Dental Hygiene study came to more than $10,800, 7 percent of the total, while the Advanced Specialty Education (ASE) report costs were about $13,500, 8 percent of the total. If non-respondent amounts are estimated, costs reach almost $152,000 for the DDS portion of the self-study, $11,200 for Dental Hygiene, and slightly less than $15,000 for ASE.

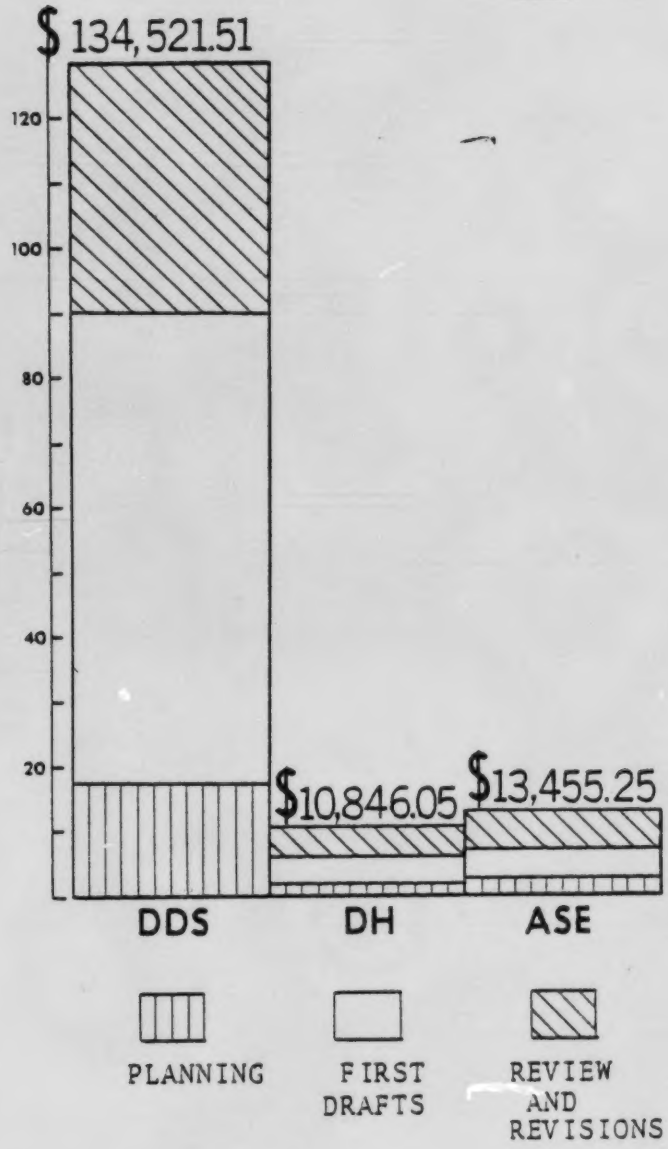


Figure 3. Direct cost of the DDS, DH, and ASE self-studies.

The costs by program type have been broken down further by type of activity (See Table 5). Both the Dental Hygiene and Advanced Specialty Education programs incurred review costs that almost equalled costs for preparing the first draft of the self-study. In both instances, extensive revisions were recommended by Review

Table 5. Costs of the Accreditation Self-Study for the DDS, Dental Hygiene, and ASE Programs of the Dental School

	TIME COSTS			
	INDIVIDUAL	COMMITTEE	OTHER	TOTAL
DDS[1]				
PREPARATION	$ 4,118.75	$10,472.08	$4,389.86	$ 18,980.69
FIRST DRAFT	61,043.97	10,273.01	1,352.14	72,669.12
REVIEW & REVISION	28,454.05	11,912.74	2,504.91	42,871.70
TOTAL	$93,616.77	$32,657.83	$8,246.91	$134,521.51
DH				
PREPARATION	$ 92.42	$ 284.02	$ 392.68	$ 769.12
FIRST DRAFT	4,498.21	1,019.59	110.36	5,628.16
REVIEW & REVISION	3,711.62	613.15	124.00	4,448.77
TOTAL	$ 8,302.25	$ 1,916.76	$ 627.04	$ 10,846.05
ASE[2]				
PREPARATION	$ 44.72	$ 592.52	$ 161.28	$ 798.52
FIRST DRAFT	6,144.90	203.34	192.61	6,540.85
REVIEW & REVISION	5,085.10	838.77	192.01	6,115.88
TOT TOTAL	$11,274.72	$ 1,634.63	$ 545.90	$ 13,455.25

[1]Includes APT

[2]Includes GPR

Subcommittees. Revisions were not as extensive in the undergraduate (DDS) portion of the self-study.

1. Direct Costs of Planning for the Dental School Self-Study

Most of the planning costs of the self-study can be attributed to time spent by administrators and to a session of the Faculty Retreat in October 1979 (see Table 6). Most of the preliminary planning was performed by top administrators, then presented to the entire faculty at the retreat. A substantial portion of the costs can also be attributed to the ad hoc Committee on Accreditation (see Appendix X). Total cost of the 1979 Faculty Retreat was about $11,000, including preparation costs, faculty time, prorated costs of room and board, and opportunity costs of patient fees not collected while the clinics were closed (see Table 7). Preparation costs by month are included in Appendixes V and W.

Table 6. Direct Cost of Planning for the Dental School Self-Study

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	$1,945.93	987.15	$2,933.08
ACADEMIC AFFAIRS	784.23	559.42	1,343.65
CLINIC AFFAIRS	269.28	616.08	885.36
ADMISSIONS	-	375.03	375.03
STUDENT AFFAIRS	94.05	206.91	300.96
EXTRAMURAL TRAINING PROGRAM	-	145.55	145.55
BASIC DENTAL SCIENCE	31.70	304.52	336.22
CONTINUING EDUCATION	-	290.16	290.16
ANATOMY	-	353.22	353.22
BIOCHEMISTRY	-	52.36	52.36
EDUCATIONAL & INSTRUCTIONAL RES.	36.80	286.31	323.11
MICROBIOLOGY	-	122.16	122.16
PHARMACOLOGY	-	317.15	317.15
PHYSIOLOGY	-	90.55	90.55
BIOLOGICAL SCIENCES ASSISTANT DEAN	407.69	451.89	859.58
ENDODONTICS	-	321.53	321.53
FIXED RESTORATIVE	-	478.86	478.86
ORAL DIAGNOSIS	86.20	996.66	1,082.86
ORAL HEALTH CARE DELIVERY	101.85	783.76	885.61
ORAL PATHOLOGY	-	226.48	226.48
ORAL SURGERY	-	277.35	277.35
ORTHODONTICS	-	171.24	171.24
PEDIATRICS	-	384.74	384.74
PERIODONTICS	-	387.87	387.87
REMOVABLE PROSTHODONTICS	-	571.80	571.80
ACCELERATED PROF. TRAINING PROGRAM	373.34	967.83	1,341.17
ADVANCED SPECIALTY EDUCATION	44.72	338.02	382.74
DENTAL HYGIENE	80.10	284.02	364.12
TOTAL TIME COSTS	$4,255.89	$11,348.62	$15,604.51
RETREAT COSTS*			4,676.00
DUPLICATION COSTS			267.32
TOTAL			$20,548.33

*Does not include time & duplication costs

Table 7. 1979 Retreat Costs

PREPARATION		
TIME COSTS		$ 270.92
FACULTY	235.62	
SUPPORT STAFF	35.30	
DUPLICATION COSTS		116.36
		$ 387.28
RETREAT		
TIME COSTS		$ 5,961.00
LODGING AND BREAKFAST[1]		3,176.00
PATIENT FEES IN CLINIC[2]		1,500.00
		$10,637.00
		$11,024.28

[1]Prorated
[2]Opportunity Cost

2. Direct Costs of Preparing the First Drafts of the Dental School Self-Study

By looking at the second phase of the self-study, the preparation of first drafts, a rough estimate of the costs of compiling the Task Committee reports can be made (see Figure 4). Because extensive revisions were not necessary for most of these reports, these figures are close to actual costs. (Projected costs were not made because of the varied membership of the Task Committees.)

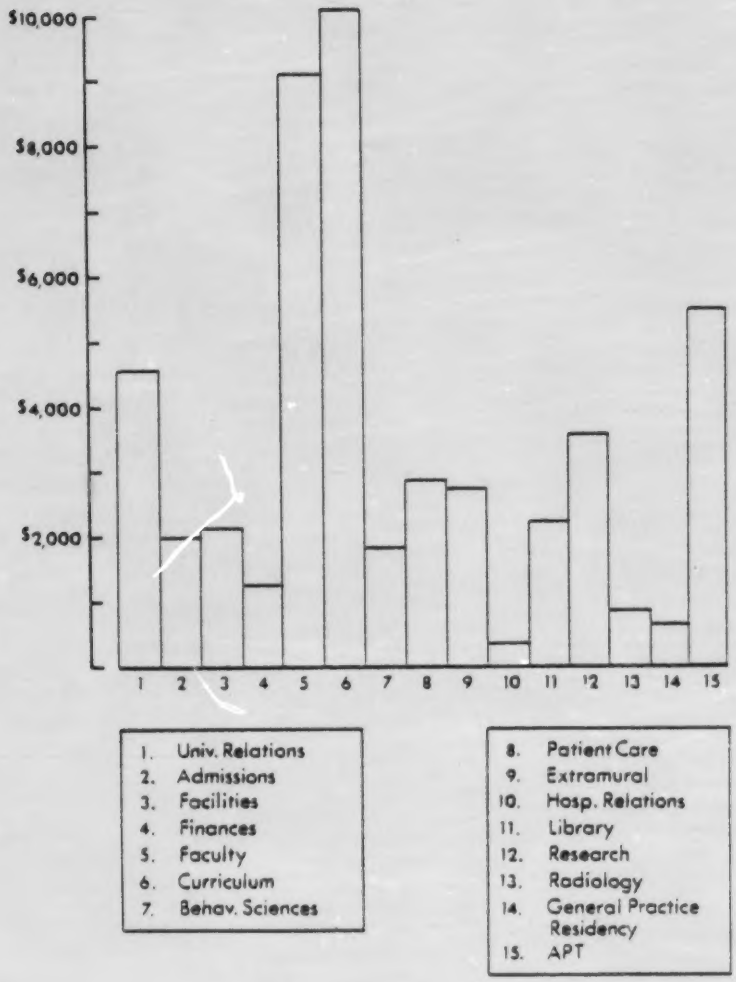


Figure 4. Direct costs of preparing the first drafts of the self-study task reports.

The two most expensive reports were the Curriculum study, costing more than $10,000, and the Faculty study, about $9,000 (see Table 8). The least expensive study was in Hospital and Medical School Relations, costing less than $400. The APT study was included in this graph because it was performed separately from the four-year DDS program. The cost of preparing the APT report was almost $5,500, the third most expensive in this table.

Also included in Table 8 are the costs of the ad hoc Committee on Accreditation from October through March. Much of the cost came from time spent in meetings. The highest costs for compiling the Task Committee reports, on the other hand, came from time spent individually. Much of the initial writing of reports was performed

Table 8. Direct Costs of Preparing the First Drafts of the Dental School Task Committee Reports

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	3,590.52	888.87	95.14	4,574.53
ADMISSIONS	1,516.58	433.19	46.25	1,996.02
PHYSICAL FACILITIES & EQUIPMENT	1,716.11	296.13	54.19	2,066.43
FINANCIAL OPERATION & MANAGEMENT	1,125.83	126.90	23.81	1,276.54
FACULTY	7,630.62	1,367.25	80.38	9,098.25
CURRICULUM	8,018.20	1,830.66	251.94	10,100.80
BEHAVIORAL SCIENCES	1,447.31	313.13	95.24	1,855.68
PATIENT MANAGEMENT & COMPREHENSIVE CARE	2,421.30	332.40	58.91	2,812.61
EXTRAMURAL PROGRAMS	1,596.52	1,010.15	128.91	2,735.58
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	371.41	-	1.60	373.01
LIBRARY	2,145.90	93.99	40.93	2,280.82
RESEARCH	2,880.46	412.14	37.52	3,330.12
RADIOLOGY	831.50	83.15	-	914.65
GPR	584.80	-	15.75	600.55
SUB TOTAL	35,897.06	7,187.96	930.57	44,015.59
APT	4,880.55	391.85	200.34	5,472.74
ASE	6,114.90	203.34	192.61	6,540.85
DH	4,498.21	1,019.59	110.36	5,628.16
AD HOC	3,560.81	3,809.13	275.72	7,645.66
TOTAL	54,981.53	12,611.87	1,709.60	69,303.00

individually, then reviewed, and if necessary, revised by the full committee. (For a breakdown of task report cost by month, see Appendixes X through CC.)

The costs for preparing the first drafts of departmental reports ranged from approximately $2,600, for Periodontics to $200, for Physiology (see Table 9). The total costs of preparing the first drafts of the DDS Task Committee reports, not including APT, were $44,000, 60 percent of the total costs of preparing first drafts. If APT and ad hoc Committee costs are included, 71 percent of the costs for preparation of the self-study can be attributed to Task Committees, leaving less than 30 percent for preparation of the 17 departmental reports. This is probably why costs of reviewing and revising departmental reports were greater than review costs for Task Committee reports. In most cases departments relied more heavily on individual work as opposed to committee work. (For a breakdown of costs of preparing the first draft of the self-study report by department, by month, see Appendixes DD through HH.)

The total cost of preparing the first drafts, including secretarial time and duplication costs, was almost $85,000 (see Table 9). This phase of the self-study, which took place primarily November 1979 through February 1980, accounted for about 53 percent of the total direct cost of the self-study.

3. Direct Costs of the Review Process

During the Review Process of the self-study, four ad hoc subcommittees reviewed the Task Committee, departmental, Advanced Specialty Education and dental hygiene reports. Costs included time spent by faculty individually critiquing reports and in committee meetings where reports were jointly reviewed for accuracy, completeness and consistency (see Table 10). Costs during this period came to more than $53,000, about a third of the total self-study direct cost. (For a breakdown of review costs by month, see Appendixes II through MM.)

Table 9. Direct Costs of Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN	184.52	141.68	5,409.02	846.24	-	131.69	6,713.15
ACADEMIC AFFAIRS	6.00	-	5,133.69	946.54	-	242.31	6,328.54
CLINIC AFFAIRS	392.12	42.84	2,509.09	409.35	33.67	85.95	2,872.47
ADMISSIONS	-	-	882.84	311.69	-	46.25	1,240.78
STUDENT AFFAIRS	-	-	525.85	180.92	-	.81	707.58
EXTRAMURAL TRAINING PROGRAM	-	-	809.98	211.64	-	129.32	1,150.94
BASIC DENTAL SCIENCE	159.97	36.97	893.81	284.15	-	-	1,374.90
CONTINUING EDUCATION	-	-	113.86	-	-	6.25	120.11
ANATOMY	2,318.04	21.99	1,584.84	423.23	16.65	1.05	4,365.80
BIOCHEMISTRY	1,181.64	22.74	222.01	46.20	3.86	.83	1,477.28
EDUCATIONAL & INSTRUCTIONAL RES.	1,294.38	-	2,807.51	151.32	17.25	40.93	4,311.39
MICROBIOLOGY	525.55	27.90	884.13	336.60	-	-	1,774.18
PHARMACOLOGY	1,633.39	144.84	1,771.28	205.16	48.68	35.98	3,839.33
PHYSIOLOGY	165.63	20.19	219.47	23.45	-	-	428.74
BIOLOGICAL SCIENCES ASSISTANT DEAN	702.92	84.35	1,705.00	409.73	-	-	2,902.00
ENDODONTICS	495.43	36.88	1,548.04	362.43	-	9.25	2,452.03
FIXED RESTORATIVE	432.73	-	563.25	170.52	1.55	-	1,168.05
ORAL DIAGNOSIS	1,088.67	37.75	3,029.01	439.15	.05	39.32	4,633.95
ORAL HEALTH CARE DELIVERY	1,460.12	347.17	2,121.15	757.89	103.46	103.63	4,893.42
ORAL PATHOLOGY	480.35	61.60	967.34	315.07	13.45	4.05	1,841.86
ORAL SURGERY	766.31	37.92	1,150.97	62.31	-	-	2,017.51
ORTHODONTICS	1,405.96	76.11	3,382.11	363.20	-	.48	5,227.86
PEDIATRICS	392.92	-	1,084.28	10.17	-	-	1,487.37
PERIODONTICS	2,558.80	48.86	1,311.77	92.72	39.27	7.50	4,058.92
REMOVABLE PROSTHODONTICS	485.79	1,056.02	704.94	226.88	6.90	-	2,480.53
ACCELERATED PROF. TRAINING PROGRAM	-	22.53	7,212.98	641.57	-	264.41	8,141.49
ADVANCED SPECIALTY EDUCATION	127.57	-	1,307.46	162.13	-	149.81	1,746.97
DENTAL HYGIENE	-	-	3,572.59	837.34	-	35.24	4,495.17
TOTAL	18,258.81	2,268.34	53,428.27	9,227.60	284.79	1,385.06	84,352.37

Table 10. Direct Costs of the Review Process of the Dental School Self-Study

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	5,273.84	1,827.77	2,281.75	9,383.36
ACADEMIC AFFAIRS	2,093.76	1,011.27	-	3,105.03
CLINIC AFFAIRS	1,822.88	597.32	25.63	2,445.83
ADMISSIONS	514.80	509.96	-	1,024.76
STUDENT AFFAIRS	498.46	426.82	-	925.28
INTRAMURAL TRAINING PROGRAM	355.62	174.00	39.62	569.24
BASIC DENTAL SCIENCE	952.75	756.64	-	1,709.39
CONTINUING EDUCATION	619.28	126.62	-	745.90
ANATOMY	1,264.26	501.98	27.10	1,793.34
BIOCHEMISTRY	1,083.98	-	1.80	1,085.78
EDUCATIONAL & INSTRUCTIONAL RES.	1,722.88	638.07	311.60	2,672.55
MICROBIOLOGY	378.25	225.12	-	603.37
PHARMACOLOGY	844.78	415.94	-	1,260.72
PHYSIOLOGY	432.54	278.16	-	710.70
BIOLOGICAL SCIENCES ASSISTANT DEAN	1,555.67	656.74	-	2,212.41
ENDODONTICS	600.50	31.61	-	632.11
FIXED RESTORATIVE	175.75	176.40	-	352.15
ORAL DIAGNOSIS	1,655.30	770.95	-	2,426.25
ORAL HEALTH CARE DELIVERY	3,131.81	1,394.36	21.51	4,547.68
ORAL PATHOLOGY	1,303.87	-	10.10	1,313.97
ORAL SURGERY	1,880.88	30.22	-	1,911.10
ORTHODONTICS	468.76	482.57	11.55	962.88
PEDIATRICS	422.46	122.67	-	545.13
PERIODONTICS	2,136.48	134.01	-	2,270.49
REMOVABLE PROSTHODONTICS	811.23	250.80	-	1.062.03
ACCELERATED PROF TRAINING PROGRAM	2,142.93	966.63	42.24	3,151.80
ADVANCED SPECIALTY EDUCATION	1,140.65	424.34	48.02	1,613.51
DENTAL HYGIENE	1,966.40	433.19	-	2,399.59
TOTAL	$37,250.77	$13,364.66	$2,820.92	$53,436.35

4. Monthly Costs

In comparing accreditation costs by month, the highest expenditures came in February, the month before reports were due to be submitted to the ad hoc Committee on Accreditation (see Figure 5).

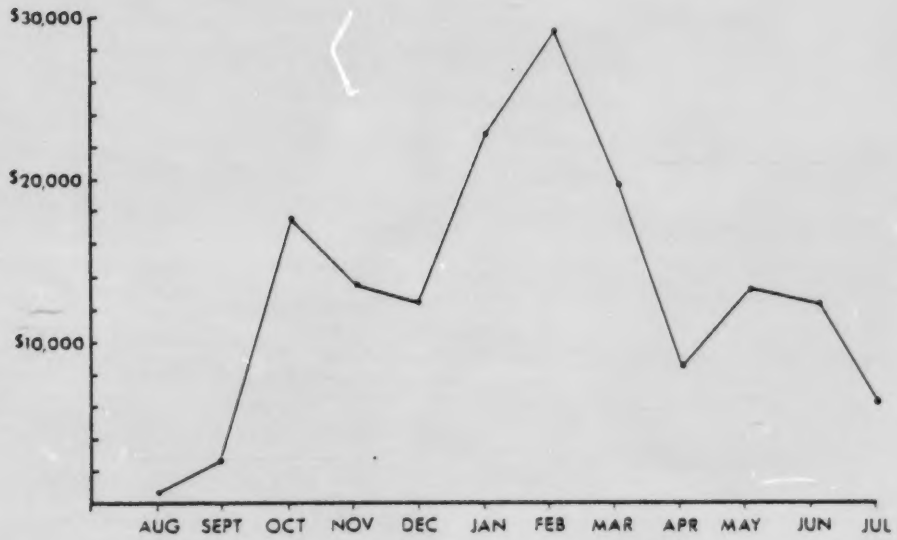


Figure 5. Direct costs of the Dental School self-study by month.

October's figures reflected the costs of the retreat and thus were sharply increased from September, but then there was a lull until January. Almost 35 percent of the total expenditures for the year occurred in January and February when the first draft of the self-study report was being completed.

Time Spent During the Self-Study

Figure 6, showing time spent each month by faculty on the Dental School self-study, is very similar to the preceding graph 5. The busiest months came in January and February when reports were being compiled (see Table 11). While some faculty felt that the four months allotted for collecting and analyzing data and compiling the

reports was too limited, there is some indication the work would have been done in the final weeks no matter how long the time allotment. However, most committees seemed to be able to complete their task within the time frame.

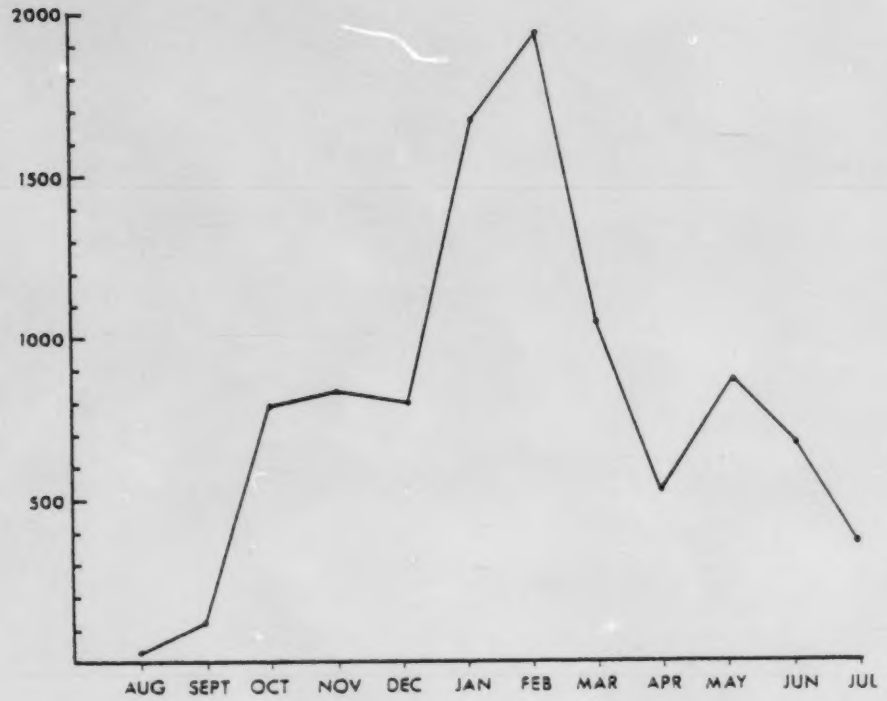


Figure 6. Time spent each month on the Dental School self-study.

The busiest month during the review and revision process came in May, after the Review Committees had completed their review and returned reports to Task Committees or departments to be revised. Much of the time consumed in May can be attributed to secretarial personnel who were making revisions or correcting format errors.

Time spent each month ranged from 30 hours in August, to almost 2,000 hours in February. The total hours spent ranged from 9,900 actual hours reported by faculty and staff to about 11,500 projected hours.

Table 11. Time Spent Each Month During the Dental School Self-Study

	DEPARTMENT CHAIRMEN	OTHER ADMINISTRATORS	FACULTY	SECRETARIAL STAFF	TOTAL
AUGUST	-	18:00	-	12:00	30:00
SEPTEMBER	15:00	72:50	9:00	13:30	110:20
OCTOBER	114:20	174:40	457:15	59:05	805:20
NOVEMBER	216:45	170:40	340:10	132:10	859:45
DECEMBER	199:55	123:15	374:10	150:10	847:30
JANUARY	267:20	218:50	813:40	385:20	1,685:10
FEBRUARY	375:35	487:55	577:45	527:30	1,968:45
MARCH	242:35	255:00	422:45	141:00	1,061:20
APRIL	129:35	86:30	244:30	52:50	513:25
MAY	189:45	126:45	137:30	446:10	900:10
JUNE	191:05	216:30	98:00	212:30	718:05
JULY	84:15	98:45	46:40	185:00	414:40
TOTAL	2,026:10	2,049:40	3,521:25	2,317:15	9,914:30

Comparisons also were made of the average amount of time spent each month by type of personnel (see Figure 7). Line A reveals the average time spent by department chairmen each month (including APT and Basic Dental Science directors); Line B indicates time spent by other administrators, including deans and their associate staff; nonadministrative faculty time is shown in Line C, and secretarial time is shown in Line D.

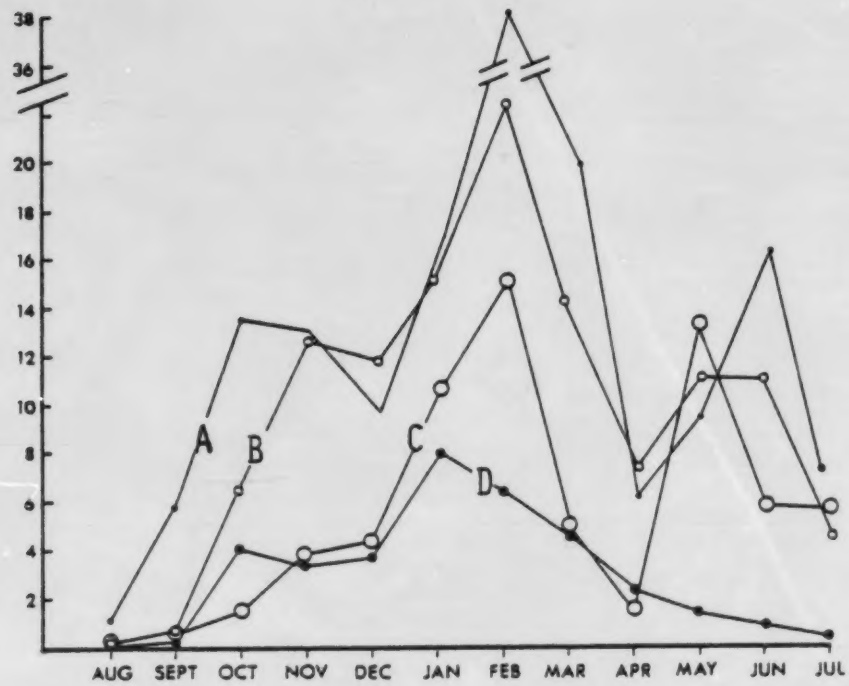


Figure 7. Average time spent by full-time department chairmen, other administrators, faculty and secretarial staff on the Dental School self-study.

Administrative faculty, including department chairmen, usually logged the most time each month (see Table 12). Time spent by chairmen working on accreditation tasks ranged from an hour in September to 22 hours in February. Other administrators spent from a hour and a half in August to almost 40 hours in February. During

Table 12. Average Time Spent by Full-Time Department Chairmen, Other Administrators*, Faculty, and Secretarial Staff on the Dental School Accreditation Self-Study

	DEPARTMENT HEADS	OTHER ADMINISTRATORS	FACULTY	SECRETARIAL STAFF
AUGUST	-	1:23	-	:20
SEPTEMBER	:53	5:36	:05	:22
OCTOBER	6:45	13:25	4:23	1:40
NOVEMBER	12:45	13:10	3:21	3:46
DECEMBER	11:45	9:30	3:38	4:16
JANUARY	15:45	16:50	7:55	11:00
FEBRUARY	21:55	37:30	5:37	15:05
MARCH	14:27	19:37	4:05	4:15
APRIL	7:37	6:40	2:22	1:40
MAY	11:10	9:45	1:20	13:30
JUNE	11:15	16:40	:45	6:25
JULY	5:15	7:36	:30	6:10

February, the average administrator was unavailable for routine activities for three to five work days out of 21.

Secretaries were also involved with accreditation activities during February, on the average spending more than 15 hours typing and preparing self-study materials. The secretarial workload flowed with the activities of other personnel until revisions were made. Because of extensive changes in many departmental reports and errors in formats, secretaries spent almost as much time in May as February typing self-study reports.

The nonadministrative full-time faculty were most involved in January, spending an average of eight hours on accreditation. The figures in this category are depressed because of the number of faculty who spent little or no time on accreditation. Time spent by month ranged from zero to 50 hours for individual faculty members.

Average time spent by type of employee was computed from time spent individually and in meetings (see Table 13). Administrative faculty logged in over 4,000 hours during the year, while nonadministrative faculty spent about 3,500 hours, and secretaries 2,300 hours. (For a breakdown of time spent during the three phases of the self-study, see Appendixes NN through PP.)

Table 13: Time spent by administrators, department chairmen, faculty and secretarial staff during the Dental School Self-Study

	INDIVIDUAL	COMMITTEE	TOTAL
Administrators	1,493:05	582:45	2,075:50
Department Heads	1,629:00	397:10	2,026:10
Faculty	2,349:05	1,146:10	3,495:15
Secretarial	2,288:35	28:40	2,317:15
TOTAL	7,759:45	2,154:45	9,914:30

Time spent during the accreditation self-study was also broken down by type of faculty appointment (see Figure 8). The clinical faculty[1] logged in about 4,300 hours, the biological science faculty[2], 2,250 hours, and the hygiene faculty, about 600 hours. The total time spent on accreditation by the average full-time clinical faculty member was 51 hours; by biological science faculty, 69 hours; and by dental hygiene faculty, 65 hours. (The average time spent by secretaries during the year was 68 hours.)

[1]Includes Oral Pathology

[2]Includes Department of Educational and Instructional Resources

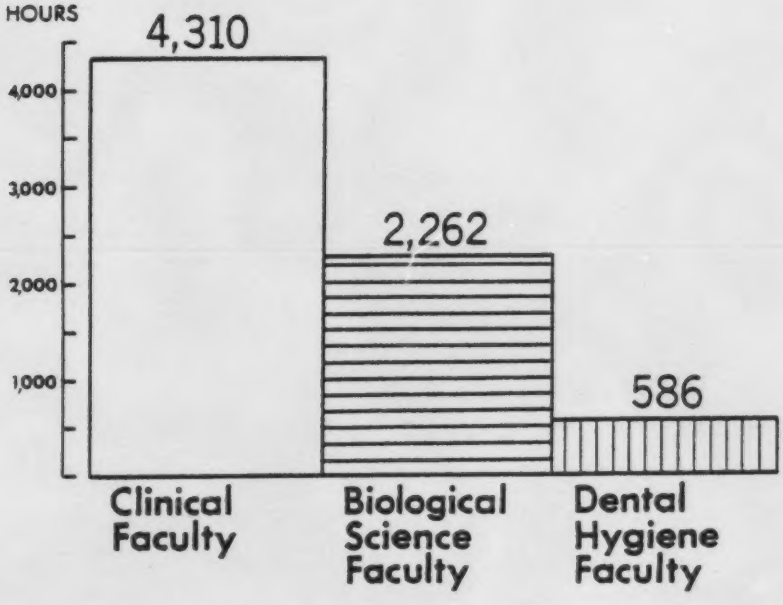


Figure 8. Time spent by clinical, biological and dental hygiene faculty during the Dental School accreditation self-study.

The time spent during the entire self-study for individual clinical faculty ranged from 35 minutes to 265 1/2 hours; for biological sciences faculty, three to 289 hours; for dental hygiene faculty, 21 to 151 hours.

1. Time Spent Planning for the Self-Study

Planning and informing faculty and staff about the accreditation self-study consumed almost 1,000 hours (see Table 14). Most of the hours were logged during a Faculty Retreat or during planning meetings of the ad hoc Committee on Accreditation. Almost 75 percent of the total time was spent in committee meetings or at the retreat. The remaining time was spent individually by administrators and ad hoc Committee members developing the foundations for the study. (For a breakdown of time spent each month during the self-study planning stage, see Appendixes QQ and RR.)

The average amount of time spent by full-time faculty during this planning phase of the self-study was about 6 1/2 hours. The average for nonadministrative faculty, excluding administrators (deans), department and program chairmen, was about 4 1/2 hours, while the average secretary spent about 2 1/2 hours (see Table 15). Department chairmen spent about 7 1/2 hours, while administrators logged the most time, an average of 20 1/2 hours.

Department averages ranged from slightly over an hour, for Biochemistry, to over 18 hours for APT (see Figure 9 and Table 15). Departmental averages do not include time spent by department chairmen or directors of programs. When chairmen are included, the departmental averages range from a little less than an hour to over 20 hours (see Appendix SS).

Table 14. Time Spent Planning for the Dental School Self-Study

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	128:35	42:00	170:35
ACADEMIC AFFAIRS	36:10	25:00	61:10
CLINIC AFFAIRS	11:00	28:00	39:00
ADMISSIONS	-	20:15	20:15
STUDENT AFFAIRS	11:00	5:15	16:15
EXTRAMURAL TRAINING PROGRAM	-	8:15	8:15
BASIC DENTAL SCIENCE	1:30	17:00	18:30
CONTINUING EDUCATION	-	13:00	13:00
ANATOMY	-	25:30	25:30
BIOCHEMISTRY	-	3:15	3:15
EDUCATIONAL & INSTRUCTIONAL RES.	2:00	20:00	22:00
MICROBIOLOGY	-	9:00	9:00
PHARMACOLOGY	-	22:15	22:15
PHYSIOLOGY	-	6:15	6:15
BIOLOGICAL SCIENCES ASSISTANT DEAN	16:55	18:45	35:40
ENDODONTICS	-	27:15	27:15
FIXED RESTORATIVE	-	39:15	39:15
ORAL DIAGNOSIS	4:00	69:10	73:10
ORAL HEALTH CARE DELIVERY	6:00	58:00	64:00
ORAL PATHOLOGY	-	13:15	13:15
ORAL SURGERY	-	19:10	19:10
ORTHODONTICS	-	10:10	10:10
PEDIATRICS	-	25:10	25:10
PERIODONTICS	-	24:00	24:00
REMOVABLE PROSTHODONTICS	-	40:55	40:55
ACCELERATED PROF TRAINING PROGRAM	22:45	61:00	83:45
ADVANCED SPECIALTY EDUCATION	4:00	15:35	19:35
DENTAL HYGIENE	8:00	27:05	35:05
TOTAL	251:55	693:45	945:40

Table 15. Average Time Spent During the Dental School Self-Study by Full-Time Faculty and Secretarial Staff by Department or Program

	STUDY PREPARATION	PREPARING 1st DRAFTS	REVIEW & REVISION
DEPARTMENT HEADS*	7:36	66:42	47:41
OTHER ADMINISTRATORS**	20:25	78:44	60:32
SECRETARIAL STAFF	2:25	40:49	29:26
DENTAL HYGIENE	3:12	41:26	11:22
APPOINTMENTS, PROMOTIONS AND TENURES	18:15	89:30	42:05
BASIC DENTAL SCIENCE	3:00	26:30	-
ANATOMY	3:13	25:35	5:55
BIOCHEMISTRY	1:10	12:40	-
EDUCATIONAL & INSTRUCTIONAL RESOURCES	3:00	44:25	23:08
MICROBIOLOGY	1:30	19:25	5:55
PHARMACOLOGY	6:00	41:09	22:15
PHYSIOLOGY	3:08	20:55	18:27
ENDODONTICS	3:08	29:08	-
FIXED RESTORATIVE	2:25	4:41	1:42
ORAL DIAGNOSIS	6:46	17:30	7:54
ORAL HEALTH CARE DELIVERY	5:00	23:39	15:33
ORAL PATHOLOGY	2:32	10:50	-
ORAL SURGERY	3:00	6:21	-
ORTHODONTICS	2:00	52:51	13:30
PEDIATRICS	4:25	12:45	6:36
PERIODONTICS	4:12	19:32	10:12
REMOVABLE PROSTHODONTICS	4:40	12:05	1:27
MEAN FOR ALL FACULTY	6:30	33:00	18:04
MEAN FOR NONADMINISTRATIVE FACULTY	4:20	21:50	8:05

*Not Included In Department Averages

**Includes Deans, Administrative Assistants, Fiscal Officer

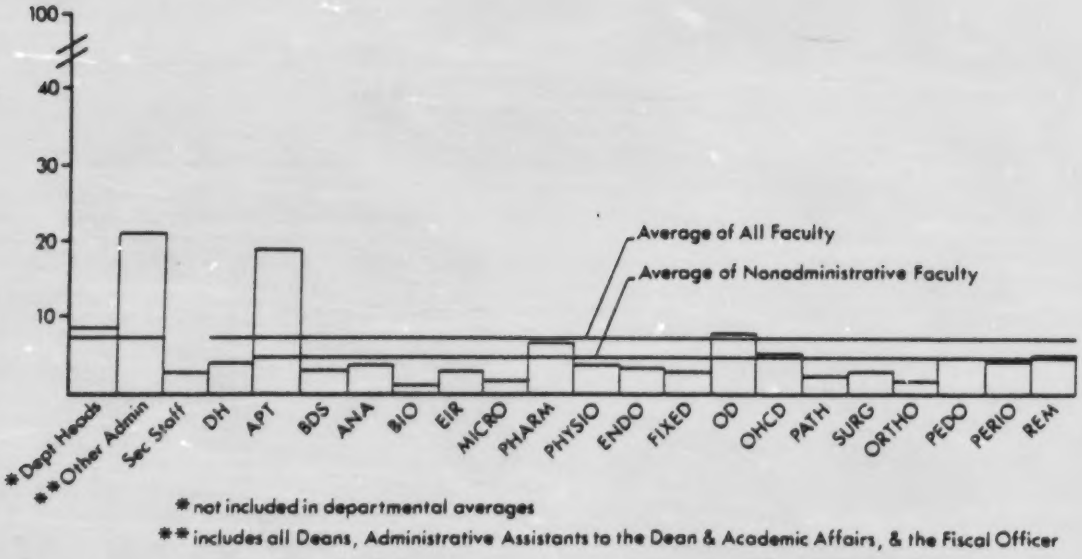


Figure 9. Average time spent planning for the Dental School self-study by full-time faculty and secretarial staff by department or program.

2. Time Spent Preparing the First Draft of the Self-Study Report

The amount of time spent during the second phase of the self-study was almost 5,800 hours (see Table 16). Less than 25 percent of these hours went into the preparation of the first drafts of the 17 departmental reports. About 10 percent of the time spent on departmental reports occurred during committee meetings, while about 13 percent of Task Committee time was spent in committee meetings.

As indicated earlier, the first two months of this phase of the study started slowly, with momentum increasing the final two months (see Appendixes TT through XX). Almost 70 percent of the time

Table 16. Time Spent Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	7:00	5:45	368:00	46:30	427:15
ACADEMIC AFFAIRS	:15	-	436:50	51:40	488:45
CLINIC AFFAIRS	23:15	1:45	145:30	18:30	189:00
ADMISSIONS	-	-	66:40	14:00	80:40
STUDENT AFFAIRS	-	-	30:00	10:00	40:00
EXTRAMURAL TRAINING PROGRAM	-	-	91:10	12:45	103:55
BASIC DENTAL SCIENCE	12:00	1:45	53:55	17:15	84:55
CONTINUING EDUCATION	-	-	18:35	-	18:35
ANATOMY	142:40	1:00	132:35	33:20	309:35
BIOCHEMISTRY	65:15	1:00	16:45	4:00	87:00
EDUCATIONAL & INSTRUCTIONAL RES.	109:40	-	252:50	9:15	371:45
MICROBIOLOGY	46:15	2:00	60:35	23:40	132:30
PHARMACOLOGY	105:45	9:00	135:25	12:00	262:10
PHYSIOLOGY	22:30	3:00	14:50	1:30	41:50
BIOLOGICAL SCIENCES ASSISTANT DEAN	29:10	3:30	79:15	15:00	126:55
ENDODONTICS	31:00	1:45	99:50	21:10	153:45
FIXED RESTORATIVE	33:40	-	40:25	14:30	88:35
ORAL DIAGNOSIS	62:00	1:45	186:45	21:30	272:00
ORAL HEALTH CARE DELIVERY	93:00	22:45	165:55	48:40	330:20
ORAL PATHOLOGY	24:50	2:45	61:50	16:30	105:55
ORAL SURGERY	38:00	1:45	66:45	4:00	110:30
ORTHODONTICS	109:00	4:45	184:35	17:45	316:05
PEDIATRICS	27:30	-	87:30	:45	115:45
PERIODONTICS	167:45	2:00	50:45	5:15	225:45
REMOVABLE PROSTHODONTICS	29:55	70:15	42:40	10:30	153:20
ACCELERATED PROF. TRAINING PROGRAM	-	1:45	453:55	35:25	495:05
ADVANCED SPECIALTY EDUCATION	10:15	-	74:35	7:15	92:05
DENTAL HYGIENE	-	-	436:30	95:25	531:55
TOTAL	1,190:40	138:15	3,858:55	568:05	5,755:55

from November 1979 through February 1980 was concentrated in the final two months. About 400 hours were spent after February finishing reports and compiling two additional reports (Radiology and General Practice Residency), which were requested by the Commission after the original information was disseminated.

The amount of time spent preparing the first draft by department or program ranged from about 43 hours in Physiology to almost 500 hours in APT. Because departments vary greatly in size, average time spent by full-time faculty in each department (not including chairmen) is perhaps a better comparison (see Figure 10). Average time spent by full-time, nonadministrative faculty ranges from about

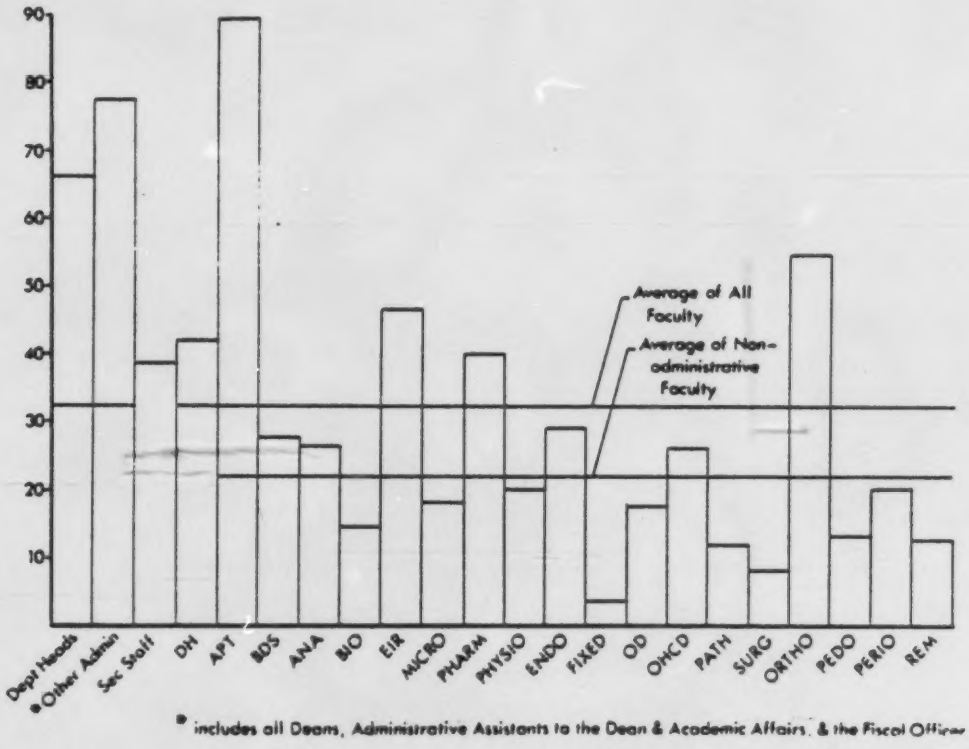


Figure 10. Average time spent preparing the first draft of the Dental School self-study by full-time faculty and secretarial staff by department or program.

five hours in Fixed Restorative to almost 90 hours in APT (see Table 15). If chairmen are included in the averages, the range is from five hours in Fixed Restorative to over 107 hours in APT (see Appendix SS).

Department chairmen expended an average of almost 70 hours during the second phase of the self-study, while other administrators worked an average of almost 80 hours. Average time spent by secretaries was slightly in excess of 40 hours.

The average faculty member devoted 33 hours to accreditation, with nonadministrative faculty spending almost 22 hours. The average time spent by all full-time DDS faculty on the undergraduate DDS self-study was more than 29 hours, while the average Dental Hygiene faculty spent about 45 hours.

Time spent preparing the first drafts of the Task Committee Reports ranged from over 19 hours for Hospital and Medical School Relations to 665 hours for Curriculum (see Table 17). Over 3,000 hours were logged by the Task Committees, with an additional 330 hours spent by the Advanced Specialty Education Program faculty and 665 hours by the Dental Hygiene faculty. The APT faculty, which submitted a separate report from the undergraduate DDS report, spent over 350 hours. The ad hoc Committee on Accreditation, from October through February, worked over 400 hours, over half of which was devoted to committee meetings. (For a breakdown, by month, of time spent by the Task Committee, see Appendixes YY through DDD.)

The average time spent by Task Committees was 219 hours, with a median of 165 hours. The time spent preparing first drafts of the DDS departmental reports ranged from approximately 26 to 170 hours (see Table 16). The average time spent on departmental reports was approximately 79 hours, with a median of about 74 hours.

Table 17. Time Spent Preparing the First Drafts of the Dental School Task Committee Reports

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	259:35	43:00	302:35
ADMISSIONS	101:00	27:30	128:30
PHYSICAL FACILITIES & EQUIPMENT	103:30	16:40	120:10
FINANCIAL OPERATION & MANAGEMENT	73:30	6:45	80:15
FACULTY	549:05	80:30	629:35
CURRICULUM	665:10	118:40	783:50
BEHAVIORAL SCIENCES	113:15	24:00	137:15
PATIENT MANAGEMENT & COMPREHENSIVE CARE	160:00	16:00	176:00
EXTRAMURAL PROGRAMS	137:00	59:00	196:00
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	19:25	-	19:25
LIBRARY	192:25	5:00	197:25
RESEARCH	169:25	22:30	191:55
RADIOLOGY	50:00	5:00	55:00
GPR	55:00	-	55:00
SUB TOTAL	2,648:20	424:35	3,072:55
APT	332:55	24:30	357:25
ASE	322:35	8:10	330:45
DH	551:30	113:55	665:25
AD HOC	207:35	210:15	417:50
TOTAL	4,062:55	781:25	4,845:20

3. Time Spent During the Review of the Self-Study

Over 3,200 hours were devoted to the third phase of the self-study, during which the various reports were reviewed and revised, and the ad hoc Committee completed its final deliberations (see Table 18). Although the review portion of this phase was carried out by subcommittees of the ad hoc Committee, the bulk of time was spent individually--over 75 percent of the total. There are several reasons for the amount of time spent individually. Although final decisions about revision recommendations were made during committee meetings, most members had reviewed reports prior to the meetings. In addition, many of the revisions, which were extensive for some departments and Task Committees, were performed individually as opposed to a group effort. The number of revisions also explains why more time was spent in May (900 hours) than in March (720 hours), when Review Subcommittees completed their assignments. (For a breakdown of review costs by month, see Appendixes EEE through III.)

The amount of time spent during the self-study review by department ranged from 30 hours in Endodontics to over 250 hours in Oral Health Care Delivery. The average time spent by full-time faculty, by department, ranged from zero in several departments to 42 hours in APT (see Table 18 and Figure 11). If chairmen are included in the departmental averages, the range is between two hours in Fixed Restorative Dentistry to 48 hours in Educational and Instructional Resources.

Table 18. Time Spent During the Review Process of the Dental School Self-Study

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	306:00	86:45	392:45
ACADEMIC AFFAIRS	131:30	40:45	172:15
CLINIC AFFAIRS	82:15	24:30	106:45
ADMISSIONS	47:45	27:00	74:45
STUDENT AFFAIRS	26:30	22:15	48:45
EXTRAMURAL TRAINING PROGRAM	31:00	10:00	41:00
BASIC DENTAL SCIENCE	45:00	35:00	80:00
CONTINUING EDUCATION	28:00	6:30	34:30
ANATOMY	95:30	31:00	126:30
BIOCHEMISTRY	66:30	-	66:30
EDUCATIONAL & INSTRUCTIONAL RES.	138:00	49:15	187:15
MICROBIOLOGY	22:30	27:30	50:00
PHARMACOLOGY	66:30	32:45	99:15
PHYSIOLOGY	34:00	21:00	55:00
BIOLOGICAL SCIENCES ASSISTANT DEAN	64:15	30:40	94:55
ENDODONTICS	28:30	1:30	30:00
FIXED RESTORATIVE	19:40	14:30	34:10
ORAL DIAGNOSIS	97:30	40:45	138:15
ORAL HEALTH CARE DELIVERY	188:30	78:45	267:15
ORAL PATHOLOGY	95:30	-	95:30
ORAL SURGERY	123:00	2:00	125:00
ORTHODONTICS	42:00	26:15	68:15
PEDIATRICS	24:00	9:00	33:00
PERIODONTICS	170:00	7:00	177:00
REMOVABLE PROSTHODONTICS	57:00	14:30	71:30
ACCELERATED PROF TRAINING PROGRAM	132:20	55:30	187:50
ADVANCED SPECIALTY EDUCATION	71:00	19:00	90:00
DENTAL HYGIENE	222:20	43:00	265:00
TOTAL	2,456:15	756:40	3,212:55

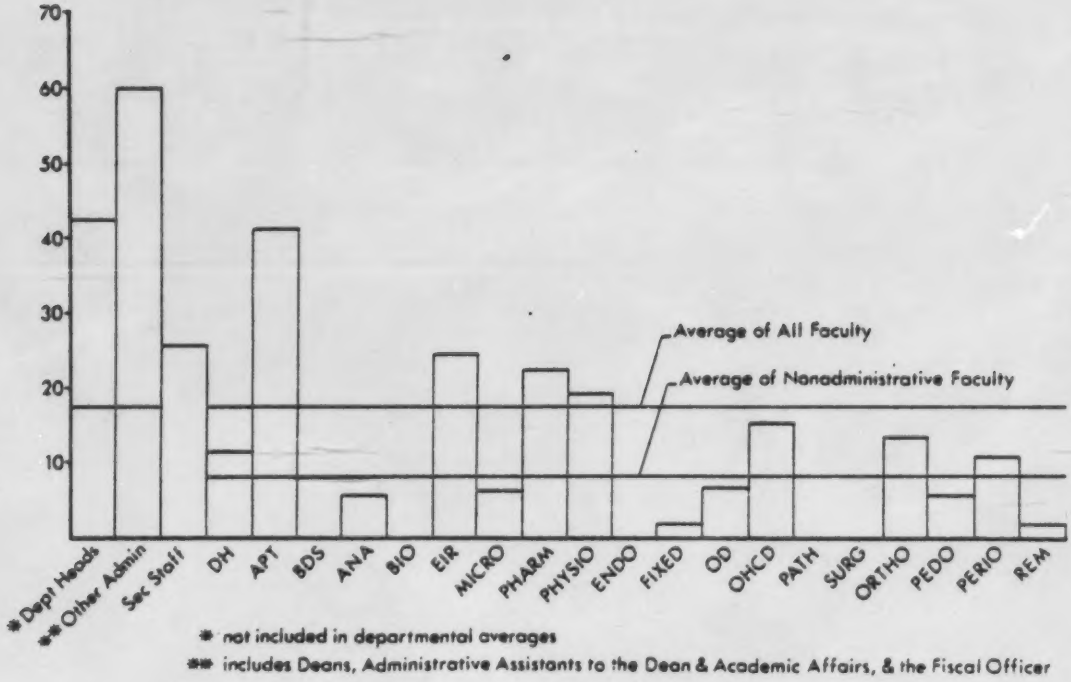


Figure 11. Average time spent during the review process of the Dental School self-study by full-time faculty and secretarial staff by department or program.

The average time spent by department chairmen was about 48 hours, with other administrators spending over 60 hours. Secretaries, on the average, worked almost 30 hours during the final phase. School-wide, all faculty on the average, devoted approximately 18 hours reviewing and revising self-study reports, while nonadministrative faculty spent an average of about 8 hours. The DDS faculty and staff spent about 2,600 hours during the undergraduate self-study review process. An additional 270 hours was devoted to the Dental Hygiene review, while about 330 hours was consumed reviewing and revising Advanced Specialty Education reports.

For all three phases of the self-study, faculty members at the Dental School worked on the average about 57 1/2 hours. Department chairmen worked an average of about 122 hours, while other administrators worked about 160 hours. Nonadministrative faculty averaged about 35 hours on the self-study and secretaries averaged about 73 hours. Average time spent by full-time faculty members by department (including chairmen, but excluding deans) ranged from 9 1/2 hours in Fixed Restorative to over 127 hours in Educational and Instructional Resources (see Appendix SS). APT faculty spent an average of 168 hours or about a month, while Dental Hygiene faculty worked about 65 1/2 hours. The median time spent on the self-study by the average full-time DDS faculty, by department (including chairmen), was about 46 hours, a little over one week.

Administrators and APT faculty members on the average devoted the equivalent of one month to accreditation during the self-study period. Department chairmen on the average worked the equivalent of about three weeks, while secretaries worked a little over two weeks. Time spent by nonadministrative faculty members ranged from 30 minutes to 296 hours.

Preparation for the Site Visit

The direct costs of preparing for the site visit from August 1980 to January 1981 were about $39,000 (see Table 19). About 80 percent of these costs can be attributed to faculty and staff time spent attend-

Table 19. Direct Costs of Preparing for the Site Visit September 1980 to January 1981

OFFICE OR DEPARTMENT	TIME COSTS INDIVIDUAL	TIME COSTS COMMITTEE	DUPLICATING COSTS	TOTAL
DEAN	7,066.62	1,442.32	34.17	8,543.11
ACADEMIC AFFAIRS	451.51	262.72		714.23
CLINIC AFFAIRS	403.95	208.71		612.66
ADMISSIONS	50.45	169.55		220.00
STUDENT AFFAIRS	269.15	135.13	19.44	423.72
EXTRAMURAL TRAINING PROGRAM		26.30		26.30
BASIC DENTAL SCIENCE	1,842.40	334.72		2,177.12
CONTINUING EDUCATION	835.89	144.05		979.94
ANATOMY	42.03	670.33		712.36
BIOCHEMISTRY	239.04	334.69	1.51	575.24
EDUCATIONAL & INSTRUCTIONAL RES.	334.71	324.41	21.60	680.72
MICROBIOLOGY	146.70	363.82		510.52
PHARMACOLOGY	278.07	576.37		854.44
PHYSIOLOGY	476.74	456.66		933.40
BIOLOGICAL SCIENCES ASSISTANT DEAN	689.27	218.71		907.98
ENDODONTICS	494.33	792.71		1,287.04
FIXED RESTORATIVE	205.54	984.92		1,190.46
ORAL DIAGNOSIS	214.74	828.28		1,043.02
ORAL HEALTH CARE DELIVERY	716.75	721.84		1,438.59
ORAL PATHOLOGY	221.32	460.21		681.53
ORAL SURGERY	79.20	513.51	11.45	604.16
ORTHODONTICS	34.94	570.81		605.75
PEDIATRICS	155.92	841.84		997.76
PERIODONTICS	83.70	1,110.48		1,194.18
REMOVABLE PROSTHODONTICS	216.00	1,067.81		1,283.81
ACCELERATED PROF TRAINING PROGRAM	298.00	388.54	14.12	700.66
ADVANCED SPECIALTY EDUCATION	131.54	164.50	3.56	299.60
DENTAL HYGIENE	316.62	557.97		874.59
TOTAL	16,295.13	14,671.91	105.85	31,072.89

ing the October retreat, preparing exhibits, collecting information and compiling progress reports on self-study recommendations. The remainder of the costs were for duplication, the retreat, telephone, postage, binding and similar expenses.

Costs by office or department ranged from about $300 to over $8,500. The average departmental costs were about $900, ranging from about $500 to over $1,400. (The median departmental cost was $875.)

Costs of duplication and paper during this period came to about $325. Total retreat costs were over $19,000, about 50 percent of all costs during this 5 1/2 month preparation (see Table 20).

Table 20. 1980 Retreat Costs

PREPARATION		
Time Costs		$ 316.01
Faculty	$ 220.53	
Support Staff	95.48	
Duplication & Other Costs		338.61
		$ 654.62
RETREAT		
Time Costs		$ 11,314.23
Lodging and Breakfast		5,321.75
Patient Fees in Clinic[1]		1,800.00
		$ 19,090.60

[1]Opportunity Cost

Other costs, including postage, telephone and binding, were about $500 (see Table 21).

Table 21. Other Direct Costs of Preparing for the Site Visit

Postage	$ 135.00
Telephone	250.85
Binding	88.74
TOTAL	$ 474.59

During this time period, faculty and staff logged about 1,900 hours (see Table 22). About half of these hours were spent in meetings, such as the retreat and the Dean's open faculty meeting, where the final site visit details were discussed. Time spent by department ranged from about 29 hours in Biochemistry to 115 hours in Removable Prosthodontics.

Administrators and department chairmen logged about 700 hours, while nonadministrative faculty spent about 800 hours, and secretaries about 400 hours (see Table 23). The average administrator (including all deans and their associate staffs) spent about 32 hours during this time period. Department chairmen spent about 15 hours preparing for the site visit. The average full-time nonadministrative faculty member spent about seven hours, while the secretary on the average spent about 12 1/2 hours.

Table 22. Time Spent Preparing for the Site Visit September 1980 to January 1981

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	458:15	57:30	515:45
ACADEMIC AFFAIRS	18:45	14:00	32:45
CLINIC AFFAIRS	15:00	7:45	22:45
ADMISSIONS	2:30	12:25	14:55
STUDENT AFFAIRS	35:00	6:45	41:45
EXTRAMURAL TRAINING PROGRAM		1:15	1:15
BASIC DENTAL SCIENCE	80:00	19:00	99:00
CONTINUING EDUCATION	39:10	6:45	45:55
ANATOMY	3:00	43:35	46:35
BIOCHEMISTRY	11:30	17:45	29:15
EDUCATIONAL & INSTRUCTIONAL RES.	22:45	21:30	44:15
MICROBIOLOGY	11:00	24:30	35:30
PHARMACOLOGY	20:00	33:15	53:15
PHYSIOLOGY	29:30	28:15	57:45
BIOLOGICAL SCIENCES ASSISTANT DEAN	26:00	8:15	34:15
ENDODONTICS	24:30	57:45	82:15
FIXED RESTORATIVE	15:00	62:45	77:45
ORAL DIAGNOSIS	10:00	47:30	57:30
ORAL HEALTH CARE DELIVERY	34:45	54:30	89:15
ORAL PATHOLOGY	9:30	24:30	34:00
ORAL SURGERY	11:00	31:15	42:15
ORTHODONTICS	2:00	27:30	29:30
PEDIATRICS	8:00	49:00	57:00
PERIODONTICS	5:00	75:45	80:45
REMOVABLE PROSTHODONTICS	30:00	85:00	115:00
ACCELERATED PROF TRAINING PROGRAM	18:30	22:30	41:00
ADVANCED SPECIALTY EDUCATION	12:30	6:45	19:15
DENTAL HYGIENE	41:30	64:00	105:30
TOTAL	994:40	911:15	1,905:55

Table 23. Time Spent Preparing for the Site Visit by Type of Personnel

	Individual	Committee	Total
Administrators	307:00	118:55	425:55
Department Chairmen	164:00	117:30	281:30
Nonadministrative Faculty	121:45	673:55	795:20
Secretarial Staff	401:55	1:15	403:10
TOTAL	994:40	911:15	1,905:55

Time spent in conjunction with the October Faculty Retreat accounted for almost 800 of the hours spent during this period, about 40 percent of the total. Time spent at the retreat and at the later Dean's open faculty meeting accounted for about half of the total. The remaining time was spent compiling self-study progress reports, arranging exhibits, collecting information, and reviewing the self-study reports.

Site Visit Costs

Direct costs incurred by the Dental School during the week of the accreditation site visit were about $7,450 (see Table 24). This does not include direct costs to the Commission on Accreditation for travel and accommodations or indirect costs to members of the site visit team and their respective institutions and agencies. The costs primarily represent time spent by Dental School faculty with the team. Other costs include lunches provided by the School for the visiting team.

Departmental costs were determined primarily by the involvement of faculty in the site visit. Costs ranged from a low of $68 to a high of $642, for an average of about $250. (The median departmental cost was $181.)

Table 24. Direct Costs During the Accreditation Site Visit - January 12 - 16, 1981

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	314.76	1,313.73	1,628.49
ACADEMIC AFFAIRS	26.71	72.97	99.68
CLINIC AFFAIRS	269.30	148.12	417.42
ADMISSIONS	30.27	25.29	55.56
STUDENT AFFAIRS		10.16	10.16
EXTRAMURAL TRAINING PROGRAM		42.08	42.08
BASIC DENTAL SCIENCE	60.24	30.18	90.42
CONTINUING EDUCATION	42.68	42.68	85.36
ANATOMY	132.45	182.01	314.46
BIOCHEMISTRY	28.16	110.72	138.88
EDUCATIONAL & INSTRUCTIONAL RES.	39.76	113.65	153.41
MICROBIOLOGY		68.00	68.00
PHARMACOLOGY		72.46	72.46
PHYSIOLOGY	99.60	200.89	300.49
BIOLOGICAL SCIENCES ASSISTANT DEAN	39.77	212.08	251.85
ENDODONTICS	332.06	137.22	469.28
FIXED RESTORATIVE	99.70	40.71	140.41
ORAL DIAGNOSIS	297.29	262.92	560.21
ORAL HEALTH CARE DELIVERY	290.52	351.81	642.33
ORAL PATHOLOGY	12.10	169.12	181.22
ORAL SURGERY		106.25	106.25
ORTHODONTICS	52.41	71.58	123.99
PEDIATRICS	73.09	65.57	138.66
PERIODONTICS	315.61	162.11	477.72
REMOVABLE PROSTHODONTICS	36.00	48.05	84.05
ACCELERATED PROF TRAINING PROGRAM	63.12	31.56	94.68
ADVANCED SPECIALTY EDUCATION		24.37	24.37
DENTAL HYGIENE	105.44	292.35	397.79
SUBTOTAL	2,761.04	4,408.64	7,169.68
OTHER			283.34
TOTAL	2,761.04	4,408.64	7,453.02

The total hours spent during the site visit came to about 370 (see Table 25). Almost 60 percent of the time was spent meeting with the site visit team. Individual time was spent reviewing the self-study, collecting additional information, and cleaning up work areas. The Dean's Office, with over 60 hours, logged the most time, while departmental time ranged from four to 39 hours.

In the area of personnel, administrators and department chairmen logged the most hours, for a total of 188 (see Table 26). The average administrator spent about eight hours, with department chairmen spending about five hours each. The average nonadministrative faculty member spent 1 1/2 hours, a low figure because only about half of the full-time nonadministrative faculty were scheduled to meet with the visiting team. The need for secretarial support during the week was minimal, resulting in an average of 45 minutes for each secretary.

Table 26. Time Spent During the Accreditation Site Visit By Type of Personnel

	Individual	Committee	Total
Administrators	28:00	66:15	94:15
Department Chairmen	41:40	52:30	94:10
Nonadministrative Faculty	60:20	97:55	158:41
Secretarial Staff	24:50	-	24:50
TOTAL	154:50	216:40	371:30

Table 25. Time Spent During the Accreditation Site Visit - January 12-16, 1981

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	24:20	44:00	68:20
ACADEMIC AFFAIRS	1:00	2:45	3:45
CLINIC AFFAIRS	10:00	5:30	15:30
ADMISSIONS	1:30	2:00	3:30
STUDENT AFFAIRS		:30	:30
EXTRAMURAL TRAINING PROGRAM		2:00	2:00
BASIC DENTAL SCIENCE	3:30	1:30	5:00
CONTINUING EDUCATION	2:00	2:00	4:00
ANATOMY	10:00	13:50	23:50
BIOCHEMISTRY	1:30	5:00	6:30
EDUCATIONAL & INSTRUCTIONAL RES.	2:00	6:00	8:00
MICROBIOLOGY		4:30	4:30
PHARMACOLOGY		4:00	4:00
PHYSIOLOGY	5:00	11:30	16:30
BIOLOGICAL SCIENCES ASSISTANT DEAN	1:30	8:00	9:30
ENDODONTICS	14:30	6:35	21:05
FIXED RESTORATIVE	7:00	2:25	9:25
ORAL DIAGNOSIS	13:00	12:45	25:45
ORAL HEALTH CARE DELIVERY	14:55	20:30	35:25
ORAL PATHOLOGY	:30	7:30	8:00
ORAL SURGERY		6:15	6:15
ORTHODONTICS	3:00	3:15	6:15
PEDIATRICS	3:45	3:15	7:00
PERIODONTICS	15:30	9:20	24:50
REMOVABLE PROSTHODONTICS	5:00	2:30	7:30
ACCELERATED PROF TRAINING PROGRAM	3:00	1:30	4:30
ADVANCED SPECIALTY EDUCATION		1:00	1:00
DENTAL HYGIENE	12:20	26:45	39:05
TOTAL	154:50	216:40	371:30

INDIRECT COSTS

Indirect costs are primarily the non-monetary expenses that cannot be measured with dollar signs, but nevertheless have a significant impact on the operation of the School. The effect of accreditation on the morale of students, faculty or staff, for example, may decrease productivity or alter the learning environment. Indirect costs of accreditation at the Dental School were measured through faculty, staff and student questionnaires, informal interviews, and observations made throughout the self-study and site visit.

Non-monetary costs were analyzed by determining the extent to which resources were diverted as a result of accreditation, and how shifts of resources affected morale and attitudes. Included in the section is also a brief description of costs resulting from accreditation, but not directly accrued to the Dental School.

COSTS OUTSIDE THE DENTAL SCHOOL

Because the Dental School is part of a larger university system, input from various parts of the campus was necessary to complete the self-study and prepare for the site visit. Time spent by personnel outside the Dental School was not included in the direct cost because only costs directly related to the School were measured. The contribution of personnel outside the School, however, is an indirect cost that should be considered.

The total time reported by University personnel not assigned to the Dental School was over 48 hours. This is a conservative estimate because of the difficulty in differentiating between University assistance directly and indirectly related to accreditation. Most of the time reported came from Business Office personnel, who prepared financial data, and Health Sciences Library personnel. In addition, University personnel outside the Dental School spent about six hours meeting with the site visit team.

Student time spent on the self-study is another indirect cost that cannot be measured in dollars and cents. Students spent almost

54 hours attending various self-study meetings, taking time away from individual study, laboratory and clinic time. Some student committee members also spent individual time preparing responses to questions and reviewing self-study reports. (No students returned time logs, making estimates of individual time impossible.) During the site visit, students spent over 16 hours in scheduled meetings with the team.

Costs to the Commission on Accreditation and its member schools for this Dental School's site visit were not included in the total direct costs. In addition, members of the site visit team and their institutions and agencies gave a significant portion of time not only during the site visit but also in preparing for the visit.

MORALE AND ATTITUDES

The effect of accreditation on morale and attitudes was measured by the responses of three major groups at the Dental School - students, faculty and secretaries. Questionnaires (see Appendixes Q through T) were used in an effort to detect shifts in morale and attitudes of these three groups. Since most of the accreditation activity took place during the self-study, questionnaire results reflect the period of time from October 1979 through July 1980.

STUDENTS

At the end of the 1979-80 academic year, questionnaires were distributed to dental students in the four-year program (DDS) and three-year Accelerated Professional Training (APT) Program and dental hygiene (DH) students to determine their attitudes toward the accreditation self-study process. Over 67 percent of the 592 students enrolled in the three programs responded to the questionnaires which were administered during lectures or clinic planning (module) meetings. Response rates by program were: Dental Hygiene 87 percent, APT Program 70 percent, DDS Program 65 percent, and all students 67 percent.

1. Characteristics of Questionnaire Respondents

Most students (82.1 percent) knew about the study, but only 34 percent said they had an opportunity to review and respond to departmental reports (see Table 27). Even fewer (21 percent) of the students indicated they had the opportunity to review Task Committee reports. Less than 8 percent of those responding to the survey served on accreditation committees.

Table 27. Characteristics of Student Respondents

Characteristic	DDS	APT	DH	TOTAL
Population Size	491	30	54	575
Sample Size	320	21	47	388
Response Rate	65.2%	70.0%	87.0%	67.0%
Knew about Self-Study	81.1%	100.0%	91.5%	82.1%
Served on Self-Study Committee	7.2%	9.5%	10.6%	7.6%
Reviewed Departmental Reports	26.9%	61.9%	37.2%	34.1%
Reviewed Task Force Reports	19.2%	42.9%	NA	20.6%

Differences among student groups were noted in several of the responses. While only 80 percent of the four-year DDS students knew about the self-study, 100 percent of the APT and 90 percent of the dental hygiene students indicated they were aware of the study. Students from the two smaller programs (APT and DH) also said they had more opportunity to review self-study reports than the four-year DDS students. For example, almost 70 percent of the APT students indicated they had a chance to review the APT report compared to about 25 percent of the DDS students who indicated they had a chance to review any of the departmental reports. This could be a reflection of student interest or effort, or lack of faculty concern about encouraging student input. The four-year DDS students' lack of involvement in both the preparation and review of self-study reports also could explain their response to the amount of time spent during the accreditation process. Almost 28 percent felt too little time had been spent, compared to 14 percent of the APT students and 10 percent of the dental hygiene students.

2. Student Attitudes

Student attitudes toward the accreditation self-study process were measured in six areas:

1. Student Involvement - Was it adequate?
2. Departmental Reports - Did the reports reflect student concerns?
3. Task Force Reports - Did the reports reflect student concerns?
4. Faculty Accessibility - Were faculty available during the self-study?
5. Quality of Instruction - Was instruction affected during the self-study?
6. Expectation of Improvement - Will the study result in improvement at the Dental School?

Students were asked to rate these different areas on a scale of zero to three. Their responses are shown graphically in Figures 12-18. The higher the bars, the more positive the attitudes. Bars below the midpoint are more negative. (Tables from which the figures were derived are in Appendixes JJJ through QQQ.) Comparisons also are made among students in the various Dental School programs (DDS, APT, and DH) and among classes of students within each program. The statistics used in both the tables and figures are weighted to reduce error of unequal sample size and to allow comparisons of programs of unequal size.

In the Tables in Appendixes JJJ through QQQ, the midpoint in each area is 1.5; means below 1.5 indicate more negative attitudes, while those above the midpoint are more positive. The tables also indicate the number (N) of students in each category, and the standard deviation.

a. All Students

The two most positive attitude ratings of all students combined are in instructional areas (see Figure 12 and Appendix JJJ). As a

whole, students felt that faculty accessibility and quality of instruction were affected only "some" to "not at all" by the demands of the accreditation self-study. At the same time, students indicated that opportunities for student involvement were only somewhat available, and that they were to some extent pessimistic that the self-study process would result in improvements at the Dental School.

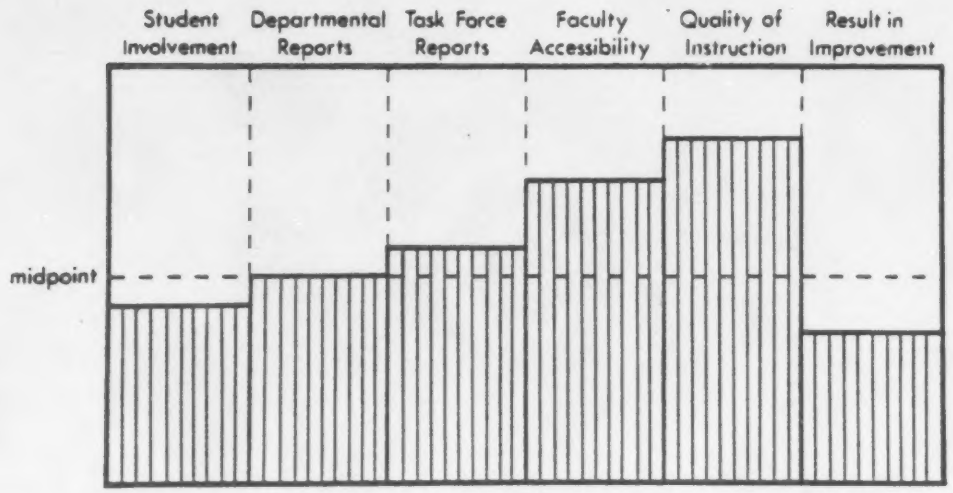


Figure 12. Student attitudes toward the accreditation self-study: all students.

Over 80 percent of the students who indicated that they knew about the study felt that more students should have been involved in the different stages of the self-study. The four-year DDS students felt more strongly than the other two groups that a greater number of students should have been involved. About 83 percent of the DDS students who said they knew about the study agreed that more students should be involved, compared to 71 percent of the APT students and 73 percent of the DH students.

Only students who had the opportunity to review the self-study reports responded to questions about the responsiveness of the departmental and Task Committee reports to students concerns. These students indicated that the reports submitted by the Task Committees (i.e., Research, Faculty, Administration, etc.) were more responsive to student concerns than the departmental reports. A slight statistical difference between the means of the two areas was found using the student's t at a significance level of .05 (t=2.0833). This result is not surprising since more students were actively involved in preparing the Task Committee reports.

b. Comparisons Within and Among Student Groups

None of the student groups DDS, APT, or DH, appeared predominantly negative or positive, although DH students showed more positive outlooks in three out of six areas measured (see Figure 13 and Appendix KKK).

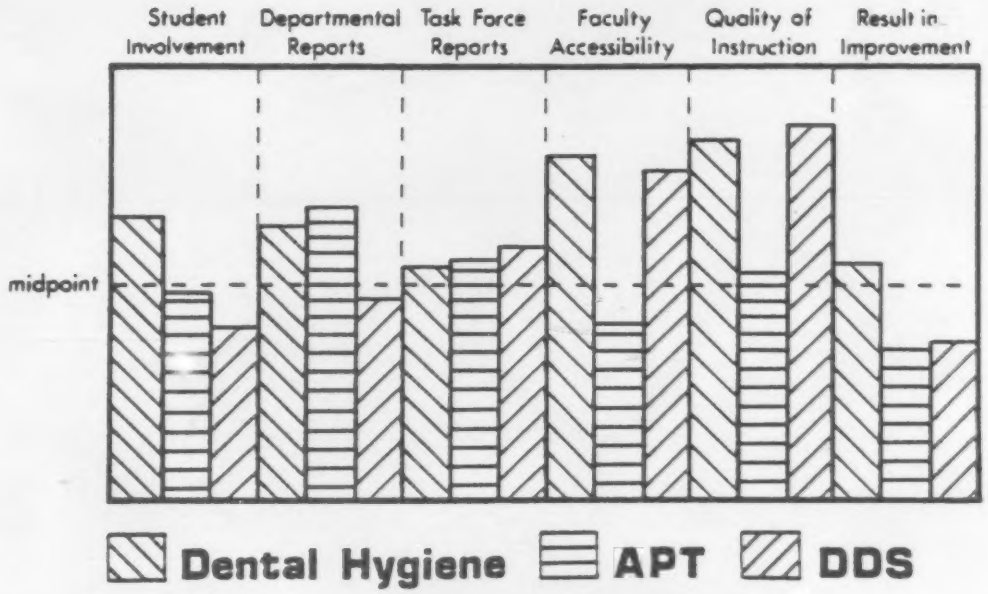


Figure 13. Comparison of attitudes of students in DH, APT, and DDS programs.

Statistically significant differences (using analysis of variance) among the three student groups were found in attitudes toward student involvement in the self-study and the prospects that the self-study would result in improvements at the Dental School. Significant differences among the groups were also found using the Chi Square statistic in faculty accessibility and quality of instruction. The two areas in which both statistics did not detect differences were the responsiveness of departmental and Task Committee reports to student concerns (see Table 28).

Dental Hygiene students were more positive than dental students in assessing student involvement and in their expectations of improvements resulting from accreditation. Dental student response indicates that student involvement should have been much greater. DDS students were also skeptical that the self-study would result in improvement.

Table 28. Comparison of DDS, APT and DH Student Attitude Scores

	Chi Square		Analysis of Variance	
Issue	X	Sig.	F	Sig.
Student Involvement	35.7037	.01	6.1088	.025
Departmental Responsiveness	6.6797	NS	4.8635	NS
Task Force Responsiveness	1.3768	NS	3.6994	NS
Faculty Accessibility	32.4925	NS	3.7327	NS
Quality of Instruction	25.4564	NS	2.2248	NS
Expectation of Improvements	14.8099	NS	7.5501	.025

Strong discrepancies between APT students and the other students were found in attitudes toward faculty accessibility and quality of instruction. APT students felt that accreditation had cut into "a fair amount" of time faculty normally spent with students. Hygiene and DDS students on the other hand felt that only "some" faculty accessibility had been lost. APT students also felt more strongly than the other students that accreditation had affected the quality of instruction. In comparing DDS and APT attitudes in these two areas, significant student t scores were found at the .01 level.

Although slight differences are seen in comparing attitudes of third- and fourth-year DH students in Figure 14, no statistical differences were found between the two classes in any of the scales (see Table 29 and Appendix LLL). In most cases, however, the fourth-year DH students were more negative.

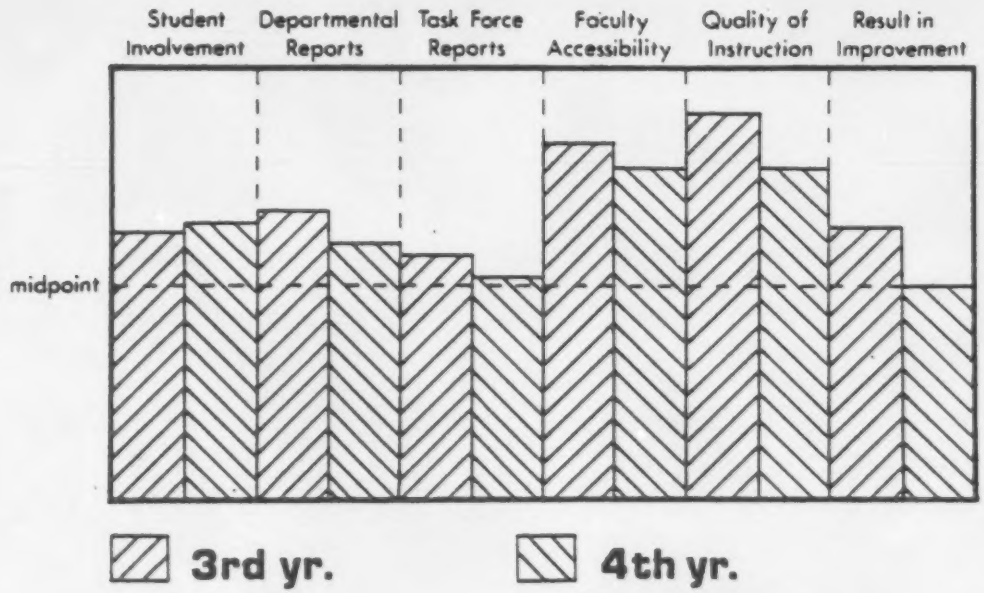


Figure 14. Student attitudes toward accreditation: dental hygiene.

Table 29. Comparison of Attitude Scores of Dental Hygiene Classes

	Chi Square		Analysis of Variance	
Issue	X	Sig.	t	Sig.
Student Involvement	.6450	NS	-.0634	NS
Departmental Responsiveness	2.7694	NS	.4930	NS
Task Force Responsiveness	2.2397	NS	.2653	NS
Faculty Accessibility	2.6564	NS	.5493	NS
Quality of Instruction	3.3982	NS	1.2478	NS
Expectation of Improvements	7.1052	NS	1.4701	NS

No statistical differences among the APT classes were found in any of the categories (see Table 30). This is due partially to the small size of the sample and the variance or range of responses. However, by examining Figure 15, visual differences are seen in first-year student attitudes towards opportunities for student involvement. A significant student t at .05 was found between first-and second-year students (see Appendix MMM).

Table 30. Comparison of Attitude Scores* of APT Classes

	Chi Square		Analysis of Variance	
Issue	X	Sig.	F	Sig.
Student Involvement	5.1179	NS	1.7501	NS
Faculty Accessibility	1.3999	NS	2.625	NS
Quality of Instruction	4.3466	NS	.4468	NS
Expectation of Improvement	NA	NA	.9403	NS

*N for departmental and task reports too small to compute

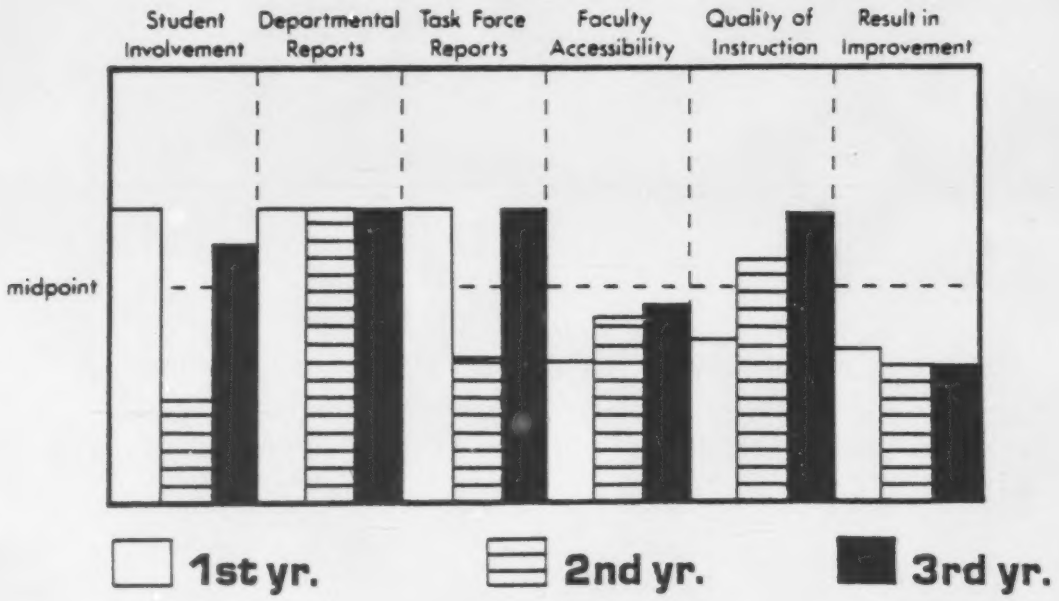


Figure 15. Student attitudes toward accreditation: APT.

Second-year APT students gave more negative ratings in student involvement than any other group of students in the School. First-year APT students, however, were the most positive school-wide. These differences may be due to sampling error or the lack of representation from the second-year class in accreditation activities.

Since too few APT students in each class had a chance to review departmental and Task Committee reports, statistical comparisons were not made. All three APT classes felt that the Dental School was only somewhat likely to improve as a result of the self-study.

The four-year DDS students had positive feelings about the quality of instruction they received during the accreditation self-study, but they had only "some" hope that the study would result in improvements at the Dental School (see Figure 16).

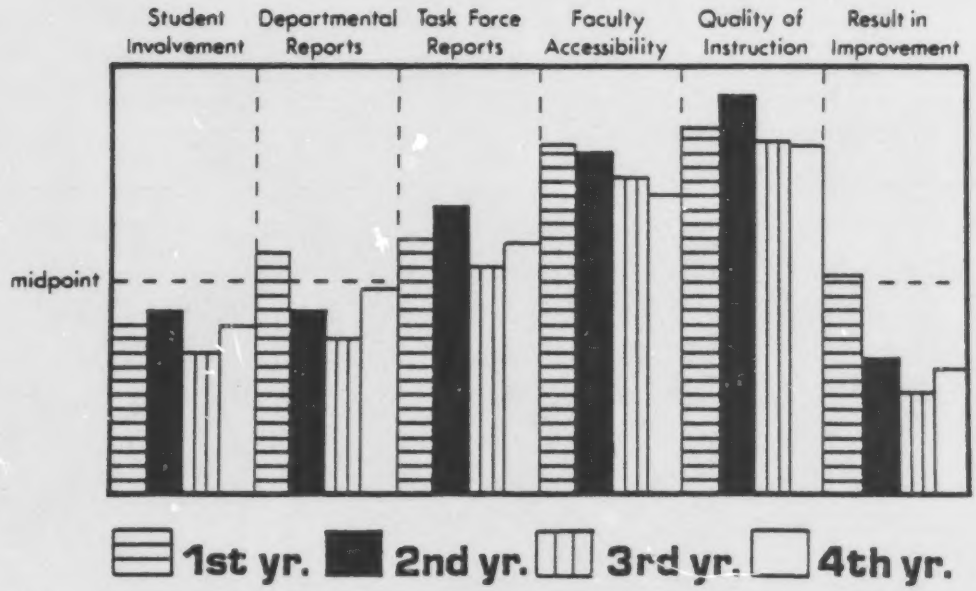


Figure 16. Student attitudes toward accreditation: DDS.

Statistically significant differences among the four classes were found in attitudes toward student involvement and the effect of the self-study in improving the Dental School (see Table 31 and Appendix NNN).

Table 31. Comparison of Attitude Scores of DDS Classes

	Chi Square		Analysis of Variance	
Issue	X	Sig.	F	Sig.
Student Involvement	19.5963	.025	1.1490	NS
Departmental Responsiveness	11.5085	NS	2.9326	NS
Task Force Responsiveness	10.6647	NS	1.7191	NS
Faculty Accessibility	11.6047	NS	.7629	NS
Quality of Instruction	12.0114	NS	.3259	NS
Expectation of Improvements	40.3095	.005	.9165	NS

Although significant differences were found using Chi Square at the .025 and .005 levels, significant analysis of variance (F) scores were not computed for any of the scales. In both cases where significant Chi Squares were found, the third-year students were most negative.

Although significant differences were not found among DDS student classes in most areas, students who were in the clinic during the self-study (years three and four) were somewhat less positive. It seems that accreditation demands may have affected instruction on the clinic floor more than in the lecture hall or laboratory.

c. Comparisons of Students by Levels of Involvement in the Self-Study

Comparisons also were made between attitudes of students actively involved on self-study committees and those who indicated they were not formally a part of the study.

Students actively serving on committees were more positive than inactive students in their attitudes about accreditation and the self-study's response to student concerns (see Figure 17). Statiscally

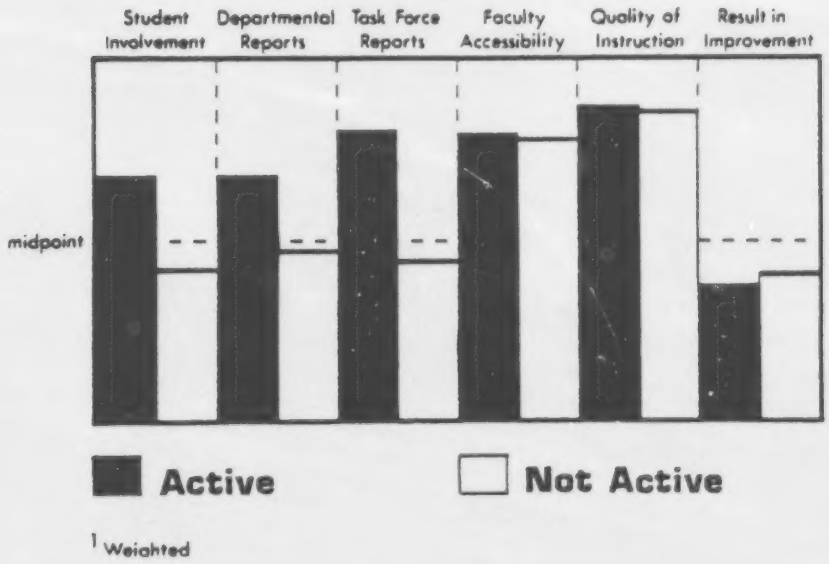


Figure 17. Comparison of attitudes of students active or not active on accreditation self-study committees.[1]

significant differences using student's t were found in the first three scales measuring these attitudes (see Table 32 and Appendix OOO). However, no differences were found between active and inactive student attitudes toward faculty accessibility, quality of instruction during the study, or the likelihood the study would result in improvements. Students involved in the self-study and in making recommendations to improve the Dental School had only some hope that improvements would result.

Table 32. Comparison of Active and Inactive Student Attitude Scores

	Chi Square		Student's t	
Issue	X	Sig.	t	Sig.
Student Involvement	18.129	.005	3.8940	.01
Departmental Responsiveness	9.889	.025	2.1379	.05
Task Force Responsiveness	8.537	.05	4.5733	.01
Faculty Accessibility	1.232	NS	.2294	NS
Quality of Instruction	.075	NS	.1267	NS
Expectation of Improvements	1.913	NS	.5119	NS

Attitudes of dental students apparently are not always shared by DH students. Dental Hygiene students both active and inactive in the self-study were more positive about the self-study resulting in improvements at the Dental School (see Figures 18 and 19).

Negative feelings of APT students about faculty accessibility and quality of instruction were most distinct in responses of students not serving on accreditation committees whereas, APT students who were active seemed to have more positive attitudes in these two areas. Statistical comparisons of active and inactive APT students could not be made because the number of active students was too small.

Statistically significant differences were found between APT inactive students and DDS and DH students not serving on self-study committees (see Table 33). Differences found in comparisons of inactive students (see Table 33) may explain much of the differences found among all DDS, APT and DH students (see Table 28). There is at least some indication that inactive students in the three programs account for differences found among student groups in their attitudes toward student involvement, faculty accessibility, quality of instruction and expectation of improvements.

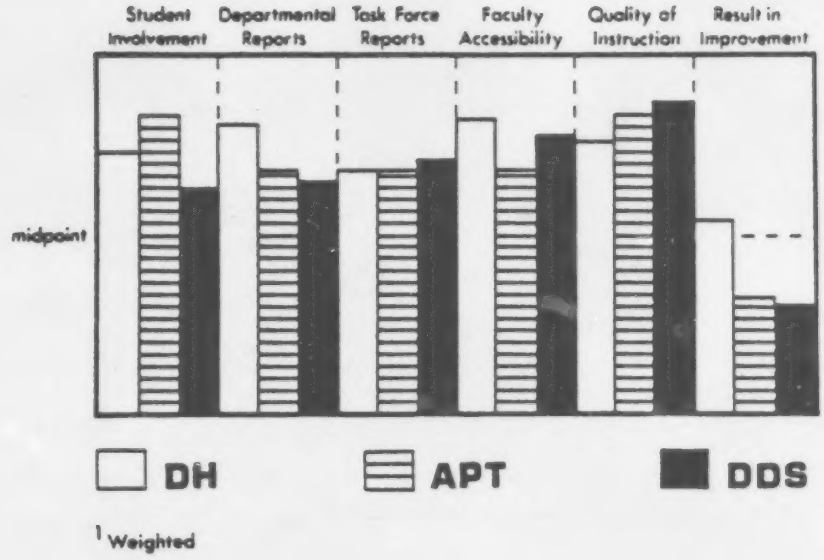


Figure 18. Comparison of attitudes of students serving on accreditation self-study committees by type of student.[1]

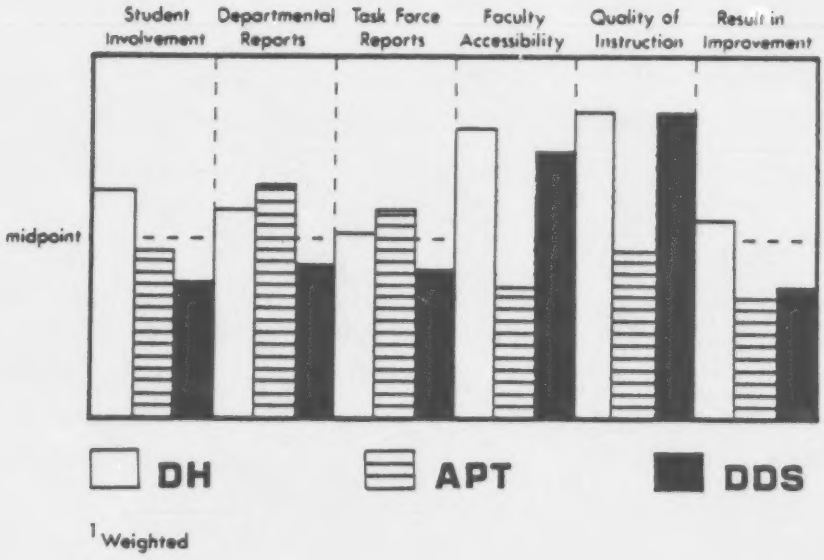


Figure 19. Comparison of attitudes of students not serving on accreditation self-study committees by type of student.[1]

Table 33. Comparison of Attitude Scores of DH, APT, & DDS Students Not Active on Self-Study Committees

	Chi Square		Analysis of Variance	
Issue	X	Sig.	F	Sig.
Student Involvement	40.332	.005	7.045	.025
Departmental Responsiveness	6.989	NS	8.663	.01
Task Force Responsiveness	2.517	NS	4.725	.05
Faculty Accessibility	40.146	.005	3.828	NS
Quality of Instruction	39.238	.005	2.288	NS
Expectation of Improvements	14.839	.025	8.487	.01

Except for differences noted in attitudes between active and inactive APT students in faculty-related issues, few differences could be seen between active and inactive students in the DH or DDS groups (see Appendixes PPP and QQQ). Statistical comparisons could only be made between active and inactive DDS students; insufficient numbers of DH and APT students prohibited comparisons for these groups (see Table 34). Four-year DDS students active on accreditation committees tended to be more positive about the level of student involvement and the responsiveness of departmental reports to student concerns.

d. Summary

Overall, students indicated that they should have played a more active role in the Dental School's self-study. Greater involvement may have led to more positive feelings about the departmental and Task Committee reports.

Table 34. Comparison of Attitude Scores of Active and Inactive DDS Students

Issue	t score	Sig.
Student Involvement	3.8577	.07
Departmental Responsiveness	1.9409	.10
Task Force Responsiveness	-.3030	NS
Faculty Accessibility	.0520	NS
Quality of Instruction	-.2492	NS
Expectation of Improvements	.5976	NS

However, most students felt that the demands of the self-study on faculty time had not affected faculty accessibility or the quality of instruction in the classroom. (Students in the APT program were the major exception.) In addition, students had only "some" hope that the self-study would result in improvements to the Dental School. This attitude was not affected by the students' level of involvement.

FACULTY

Another possible impact of accreditation is a change of attitudes or morale of the faculty. If, in the process of completing the self-study, faculty morale sags, all areas of productivity may decrease. Even if poor attitudes are caused by perceptions as opposed to reality, the cost nevertheless must be borne by the School. An attempt to measure these indirect or nonmonetary costs was made through a survey of faculty attitudes towards the accreditation self-study and its effect on their work. The measurement of attitudes was limited to the self-study time period because of the high level of involvement of faculty, staff, and students at this juncture.

1. Faculty Questionnaire Analysis

Faculty questionnaires were distributed at the Faculty Retreat in October 1980, following the completion of the accreditation self-study during the 1979-80 academic year (see Appendix R). Response rates are described in Table 35. In the discussion, only full-time faculty respondents were considered because of the small sample of part-time respondents.

Table 35. Faculty Questionnaire Response Rates[1]

Faculty Group	Population	Sample Size	% Responding
DDS Faculty	115	78	67.8
Biological Sciences	31	18	58.1
Clinical Sciences	82	60	73.2
Administrators	26	22	84.6
Deans	9	8	88.9
Department Chairmen[2]	18	15	83.3
Non-Administrators	89	56	62.9
Dental Hygiene Faculty	9	8	88.9

[1]Full-Time Faculty Only
[2]Includes APT and BDS Directors; one department chairman, also a dean

Questionnaires similar to the students' survey also were distributed to Advanced Specialty Education students who hold faculty appointments as well (see Appendix S). The sample was too small for analysis, but generally the ASE student responses were similar to those of undergraduate DDS students. They felt somewhat negative about the level of student involvement and their expectations for improvement, but did not feel accreditation activities had encroached on their education.

In order to analyze responses by the level of activity of faculty during the self-study, faculty were asked to indicate their participation on 1) the ad hoc Committee on Accreditation, 2) a Self-Study Task Committee, and 3) an ad hoc Review Subcommittee. Percentages of faculty groups indicating participation in the various phases are shown in Table 36. Only 28 in the sample (35.9 percent) did not have responsibilities in addition to departmental self-studies. Several faculty, especially administrators, were involved in all three phases.

Table 36. Faculty Involvement in Self-Study Committees

Faculty Group	% on ad hoc	% on Task Committee	% on Review Subcommittee
DDS Faculty*	23.0	54.5	42.3
Biological Sciences	27.8	72.2	50.0
Clinical Sciences	23.3	51.7	41.7
Administrators	59.1	81.8	72.7
Deans	100.0	100.0	100.0
Department Chairmen	40.0	73.3	60.0
Non-Administrators	12.5	46.4	32.1
Dental Hygiene Faculty	12.5	NA	25.0

*Percentages Weighted

The questionnaire addressed two broad issues: 1) the diversion of faculty resources and 2) the self-study process. The discussion will first address the issues of diverting faculty resources, using information from the questionnaires, observations of committee meetings, and informal interviews. The second issue will be included in the discussion of the accreditation process.

1. Areas of Responsibility Most Affected by Accreditation

An obvious cost of the self-study to the Dental School was the diversion of resources from the normal functions of the School to accreditation. Time spent on accreditation took faculty from areas of responsibility in instruction, service and research. In some cases it was obvious faculty had few self-study responsibilities, while others were heavily involved.

Because of the different levels of involvement, faculty were asked to respond to similar questions from two viewpoints. First, they were asked to assess an issue based on their perceptions of the impact of accreditation on school-wide areas of responsibilities. For example: "Did faculty involvement in the self-study limit faculty accessibility to students?" Second, they were asked to assess the same issue based on the impact of accreditation on individual areas of responsibilities. For example: "Did your involvement in the self-study limit your accessibility to students?" Separating the viewpoints into school-wide and individual categories reduced discrepancies between the active and less active faculty.

Overall, faculty indicated that school-wide research had been most affected by the self-study (see Figure 20 and Appendix RRR). About 45 percent of the total DDS faculty said research had been most affected, 18.7 percent indicated instruction, and 9.3 percent, service. More than 25 percent of the faculty felt accreditation had no significant impact school-wide.

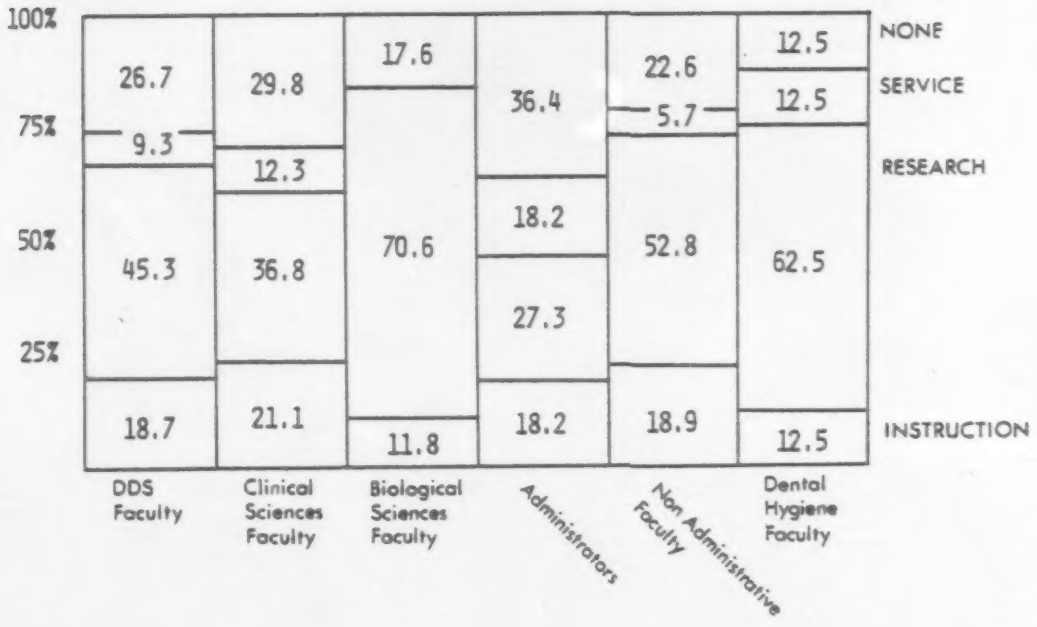


Figure 20. Areas of school-wide responsibility most affected by the accreditation self-study.

A significantly greater number of biological science faculty than clinical science faculty indicated school-wide research had been more adversely affected than other areas. Clinical faculty who usually spend more time with students were more likely to indicate that instruction was most affected.

Similar differences were found between faculty group ratings of individual areas of responsibility most affected by accreditation (see Figure 21 and Appendix SSS). The differences found between clinical and biological science faculty, however, were more pronounced. One surprising finding in light of the total hours spent was the number of administrators, deans and department chairmen who indicated the self-study had no significant impact on individual areas of responsibility. The percentage indicating "none" is slightly greater than that for nonadministrators, although from the number of hours spent, it is obvious that administrators were more involved.

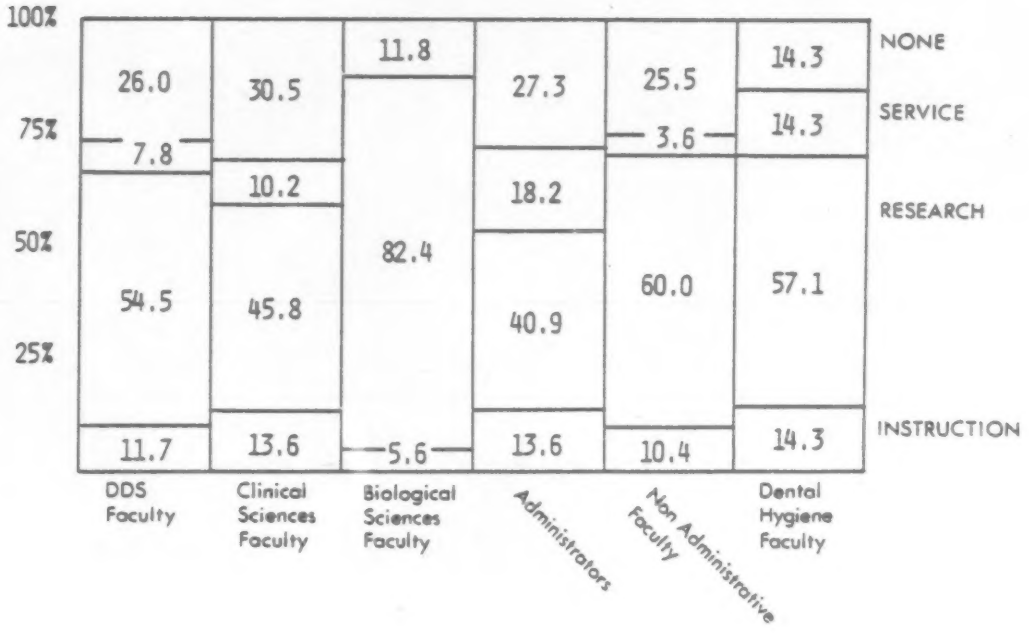


Figure 21. Areas of individual responsibility most affected by the accreditation self-study.

Comparisons can also be made between faculty estimates of the impact of the self-study on both school-wide and individual responsibilites. The DDS faculty felt the self-study had intruded on their individual research time more than it had affected school-wide research (see Figure 22). Faculty also felt the self-study had affected their colleagues' instruction and service more than their own.

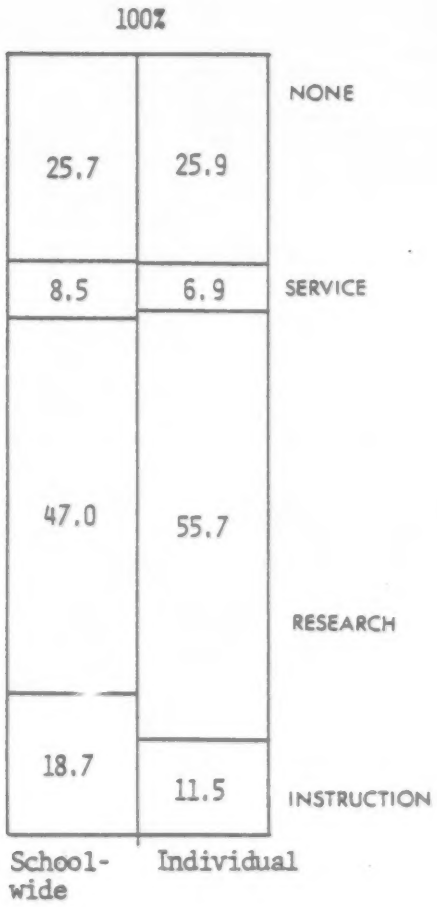


Figure 22. DDS faculty: areas most affected by accreditation.

Administrators saw a significant difference between the impact of accreditation on school-wide and individual areas of responsibility (see Figure 23). Most of the difference was due to the response of administrators, who felt that their own research had been affected during the self-study.

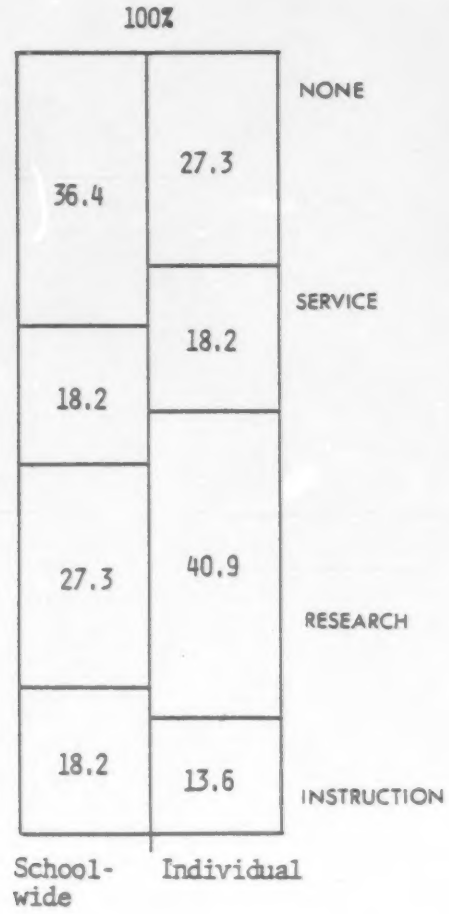


Figure 23. DDS administrators: areas most affected by accreditation.

Nonadministrators' estimates of affected areas of responsibility were similar to the total DDS faculty (see Figure 24). Nonadministrative faculty felt that individual research had been affected more than school-wide research, but that their own instruction had not suffered as much as instruction school-wide.

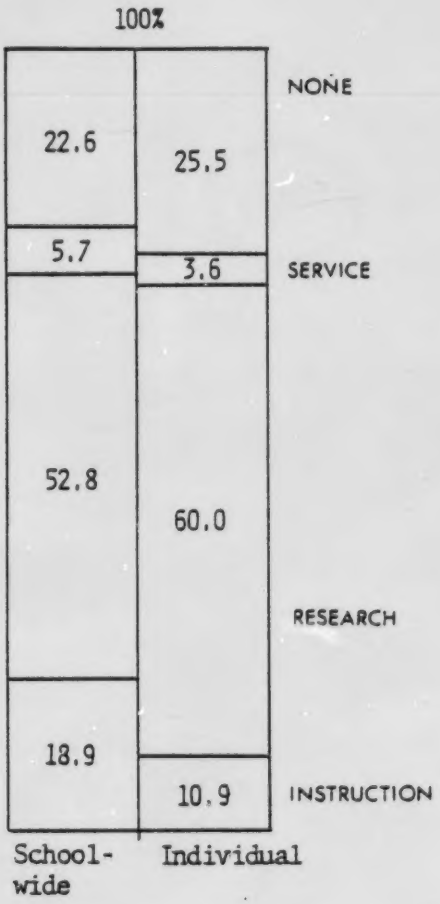


Figure 24. DDS nonadministrative faculty: areas most affected by accreditation.

The more active faculty felt accreditation had less effect school-wide than on their individual responsibilities (see Figure 25).

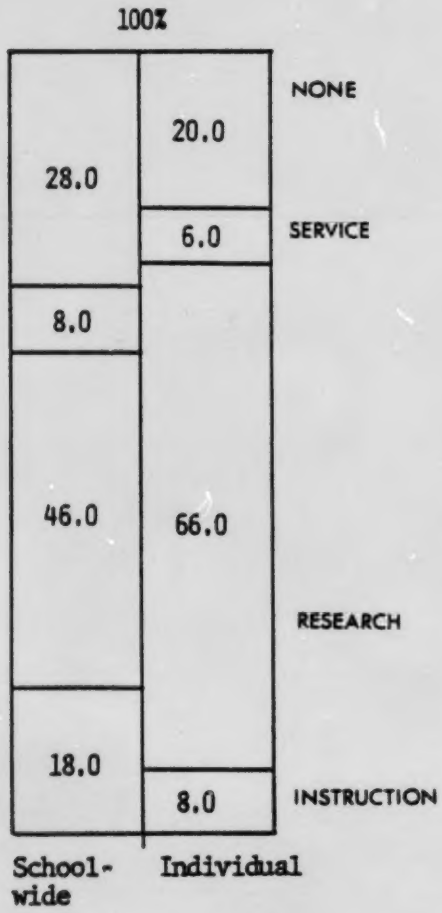


Figure 25. DDS faculty on committees: areas most affected by accreditation.

Again, research was felt to be the individual area that was most adversely affected. However, impact on individual instruction was almost negligible.

A significant number of faculty not serving on Task or Review Committees felt that while the self-study had not significantly affected their individual work, it had a negative impact on the School (see Figure 26).

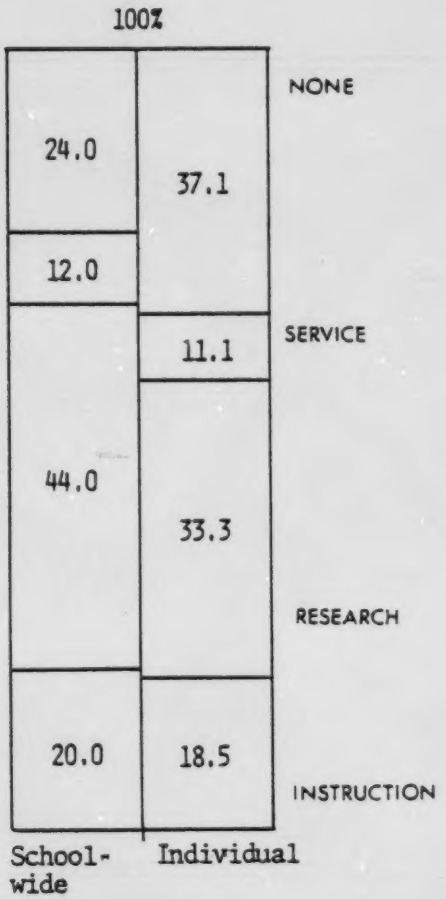


Figure 26. DDS faculty not on committees: areas most affected by accreditation.

Members of the ad hoc Committee on Accreditation, who were perhaps the most involved, differed only slightly from other faculty in their estimates of the impact of accreditation on individual areas of responsibility (see Figure 27). However, from their vantage point, instruction was the most affected area of responsibility.

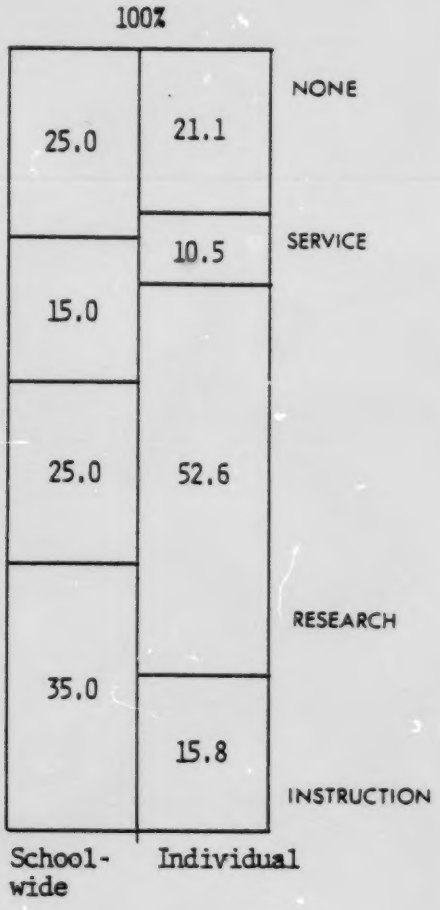


Figure 27. Ad hoc committee areas most affected by accreditation.

School-wide areas that the Dental Hygiene faculty felt were most affected were similar to the biological sciences faculty (see Figure 28). Both indicated research had borne the brunt of their involvement in self-study activities.

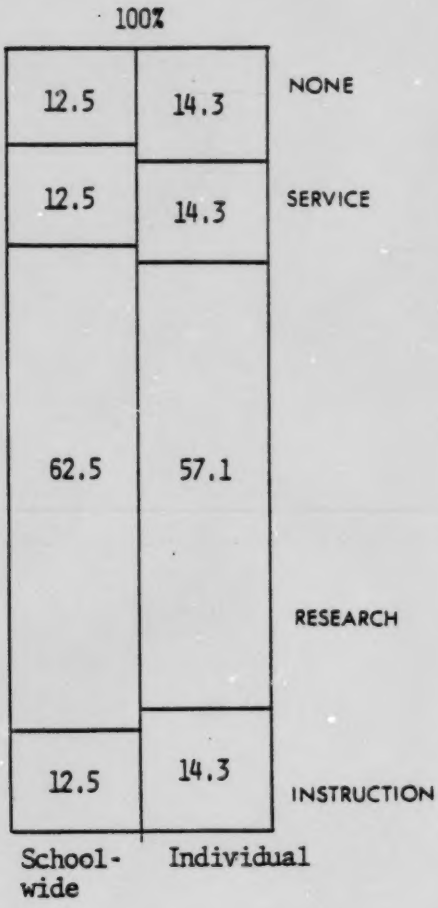


Figure 28. DH faculty areas most affected by accreditation.

In addition, fewer DH faculty than DDS faculty felt that the self-study had no significant impact on school-wide and individual areas of responsibilities. This could be due to the size of the DH faculty and the lengthy report they were required to develop. If data were available, similar findings might apply to the APT faculty.

2. Attitudes Toward the Impact of the Self-Study on Faculty Responsibilities

In the questionnaire, faculty also indicated the extent to which accreditation affected the areas of responsibility. Figures 29 through 36 illustrate faculty attitudes toward the impact of accreditation on school-wide and individual areas of responsibilities. Faculty attitudes toward student involvement and faculty expectations of improvements

also are displayed. The figures are similar to those used in the section on student attitudes. The higher the bar, the more positive the attitudes. The midpoint indicates neutral feelings. Means, medians and standard deviations used in the figures are in Appendix TTT.

Overall, attitudes of the DDS faculty towards the effect of the self-study on faculty accessibility, quality of instruction, research and service were positive (see Figure 29). Their feelings toward the extent of student involvement were neutral, while faculty were slightly negative in their expectations of improvements resulting from the self-study. Not surprising in light of the previous discussion, research was the least positive area. The response to the area of service, however, seems to be out of step with the number who indicated service as the area most affected by accreditation (see Figures 20 and 21). Part of this may be explained by the range of the responses (see Appendix TTT). More faculty indicated that service had been affected "a great deal" as compared to "somewhat."

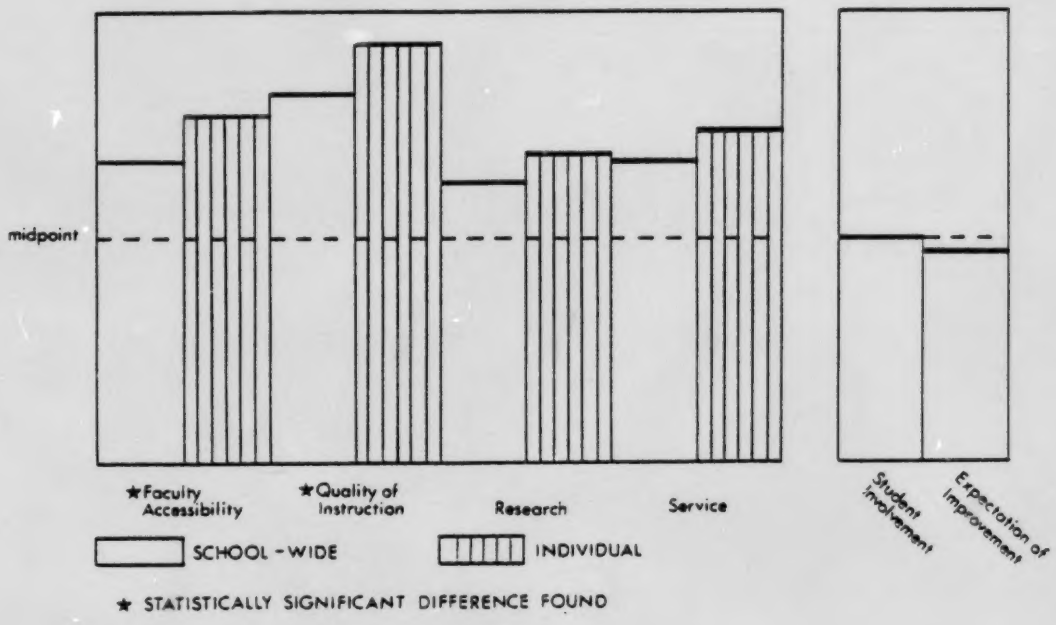


Figure 29. DDS faculty attitudes toward impact of accreditation on school-wide and individual areas of responsibility.

The students' t statistic was also used to compare faculty attitudes toward the impact of accreditation on school-wide and individual areas of responsibility (see Table 37). Significant differences were found between DDS faculty attitudes toward the effect of accreditation on school-wide and individual faculty accessibility and the quality of instruction. In both instances, the faculty were more positive about their own accessibility and instruction than that of their colleagues.

Table 37. Comparison of Mean Scores of DDS Faculty Attitudes Toward the Impact of Accreditation on School-wide and Individual Areas of Responsibility

	DDS Faculty	Bio. Faculty	Clinical Faculty	Administrators	Nonadmin. Faculty	Ad Hoc Committee	Faculty Serving on Committee	Faculty Not Serving on Committee
Faculty/Ind. Accessibility								
df	153	34	118	42	109	38	99	52
t score	2.4814	-.3869	2.7815	.5781	-2.7913	.6075	.8847	-3.6452
sig.	.02	NS	.01	NS	.01	NS	NS	.01
Quality of All/Individual Instruction								
df	136	32	107	42	88	38	94	45
t score	-2.8739	2.0014	-3.5583	-.9049	-5.0400	-1.4313	-2.8240	-3.6764
sig.	.01	.05	.01	NS	.01	NS	.02	.01
All/Individual Research								
df	149	34	114	40	106	38	96	50
t score	.9428	.4463	1.1950	.4509	1.0073	.8759	.3111	-1.7814
sig.	NS	NS	NS	NS	NS	NS	NS	.10
All/Individual Service								
df	152	34	116	42	107	*	98	49
t score	1.3080	.3971	1.3037	.0891	1.5586	*	.1229	1.9855
sig.	NS	NS	NS	NS	NS	*	NS	.05

*No Difference

DDS administrators overall were positive in their attitudes toward the impact of accreditation on school-wide and individual areas of responsibility (see Figure 30). In every instance, the average response was above the midpoint, or more positive than negative. In two areas, the impact on school-wide research and expectations for improvement, the response was almost neutral.

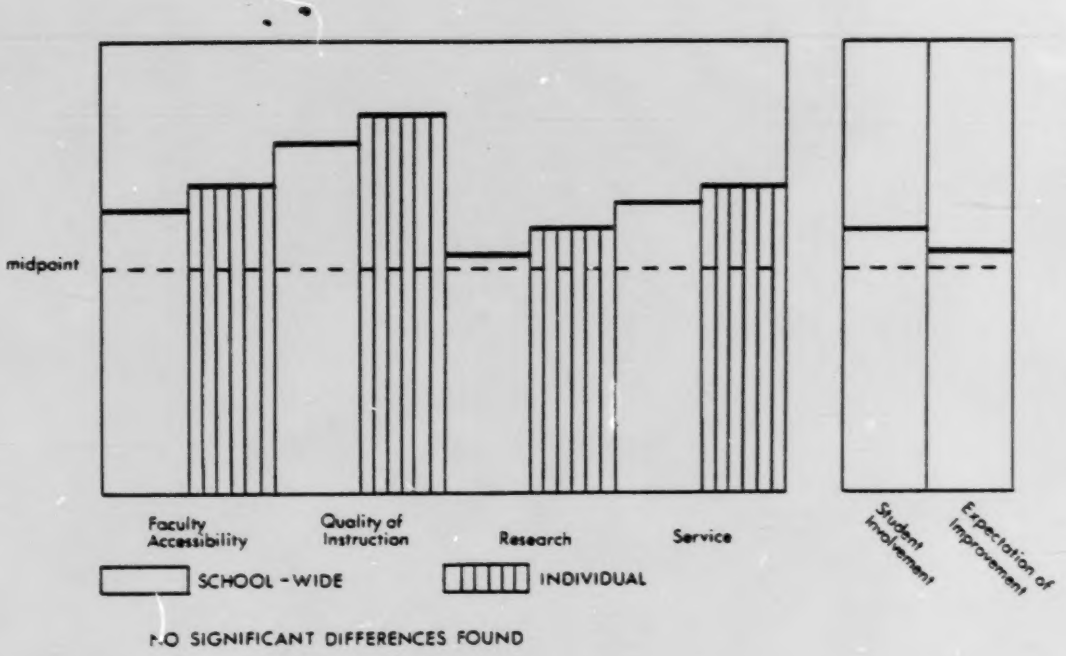


Figure 30. DDS administrators' attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

Even though administrators earlier indicated that accreditation had more of an effect on their own areas of responsibility than on those of the faculty as a whole, they tended to be more positive about their individual quality of instruction, research and service than about the quality found school-wide.

The average attitude of nonadministrators about the impact of accreditation on school-wide and individual responsibilities was similar to that of all DDS faculty (see Figure 31). Positive responses were recorded in instruction, research and service, with neutral to negative attitudes toward student involvement and expectations for improvement. Statistically significant differences were found between attitudes towards the effect of accreditation on school-wide and individual faculty accessibility and quality of instruction.

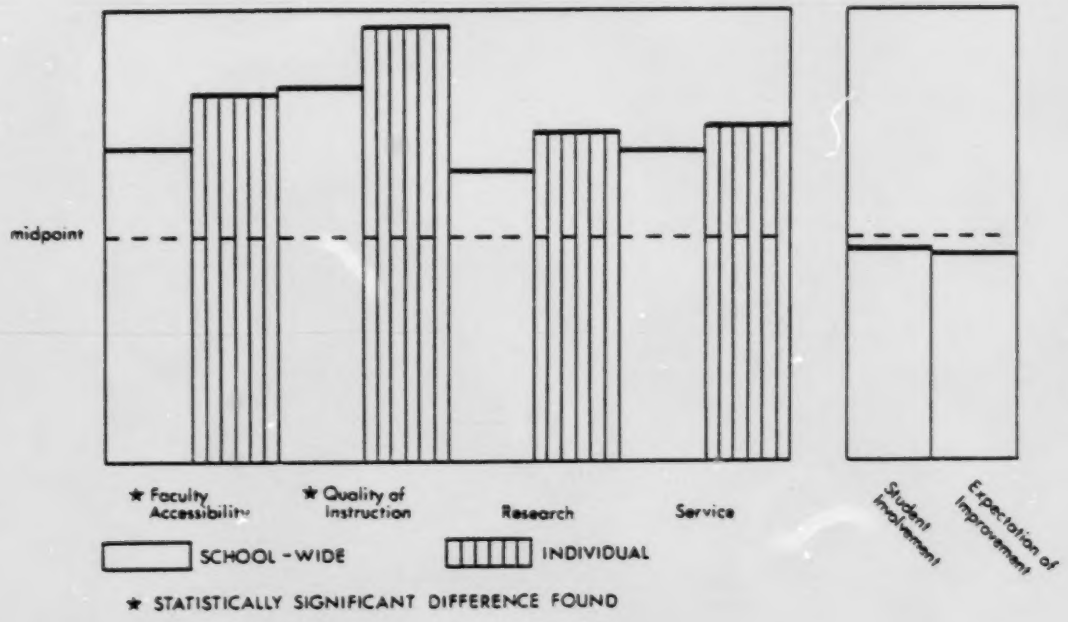


Figure 31. DDS nonadministrators' attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

Overall, positive responses also were found in comparisons of faculty who served on Accreditation Task Committees and/or Review Subcommittees with those who were less active in the self-study (see Figures 32 and 33). The most positive ratings for both groups again were in instructional areas.

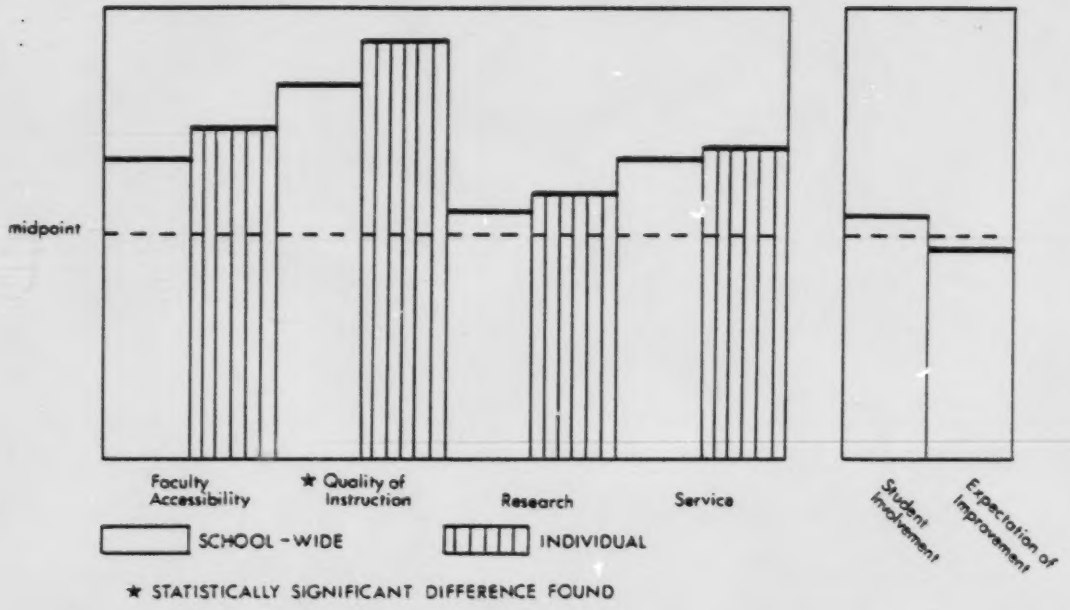


Figure 32. DDS faculty, serving on committees: attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

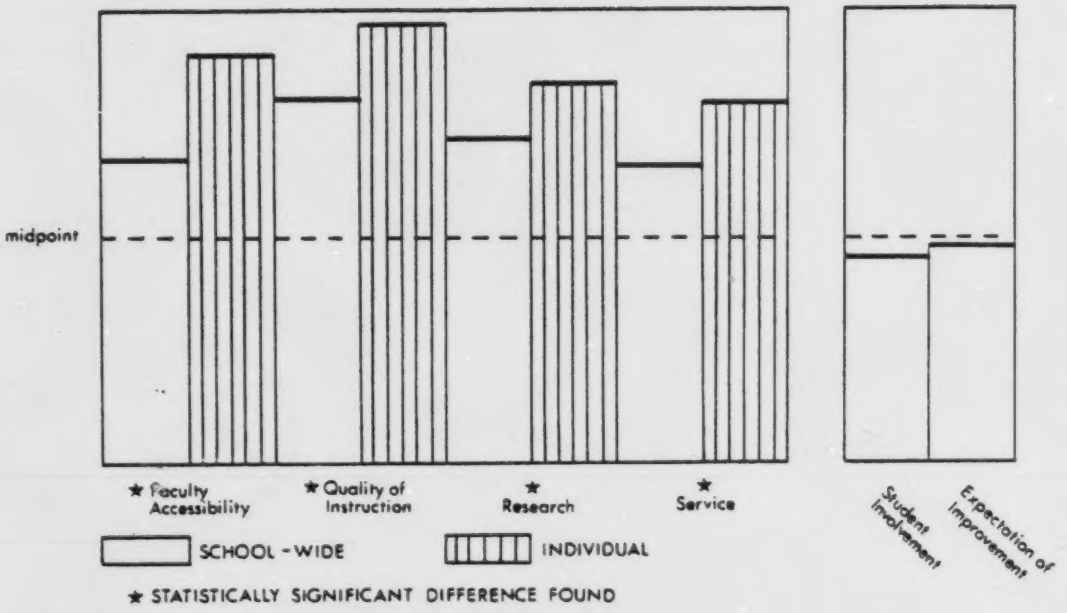


Figure 33. DDS faculty, not serving on committees: attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

Statistically significant differences were found between attitudes of the more actively involved faculty toward the quality of their own instruction and school-wide quality of instruction. Differences seen between the bars in the other areas could be due to sample error or are not significant. However, the less active faculty (see Figure 33) had significantly different attitudes in every area of individual and school-wide comparison, with more positive attitudes toward the impact on their own areas of responsibility.

Members of the ad hoc Committee on Accreditation indicated no difference in their feelings between the impact of accreditation on the School and individually (see Figure 34). Their responses were more positive except in their expectations for improvement. Since this group was most involved in the development of the various reports and the formulation of the final recommendations, more positive attitudes might have been expected in this area. However, most felt only "some" change would occur as a result of the self-study.

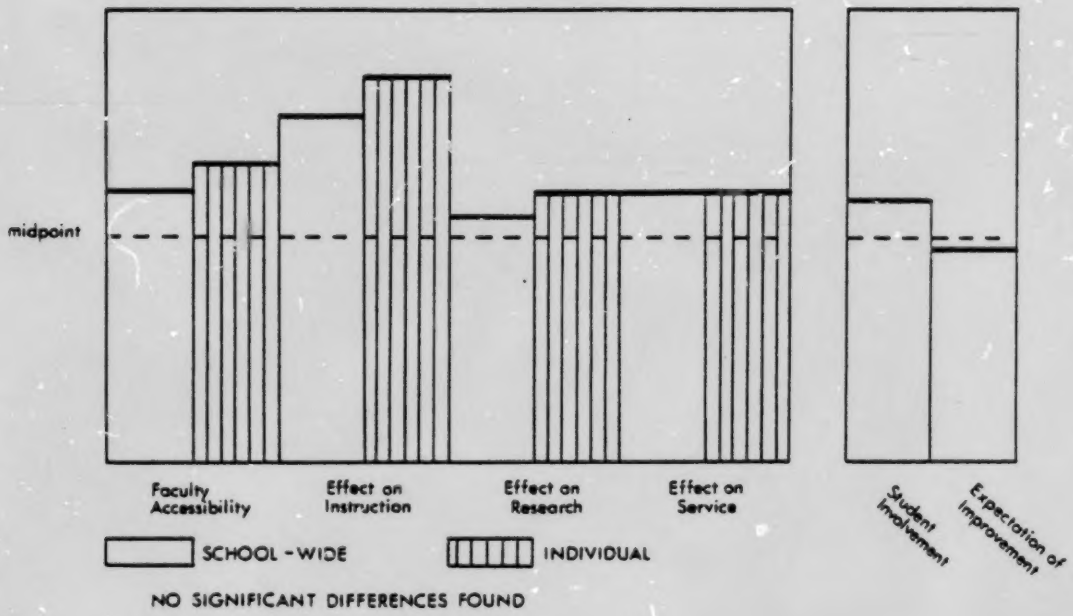


Figure 34. Ad hoc committee members' attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

Several differences between the DH faculty and the DDS faculty were noted, although positive feelings about the instructional areas were similar in both groups (see Figure 35). Feelings of the Dental Hygiene faculty toward research and service areas, however, ran neutral to somewhat negative.

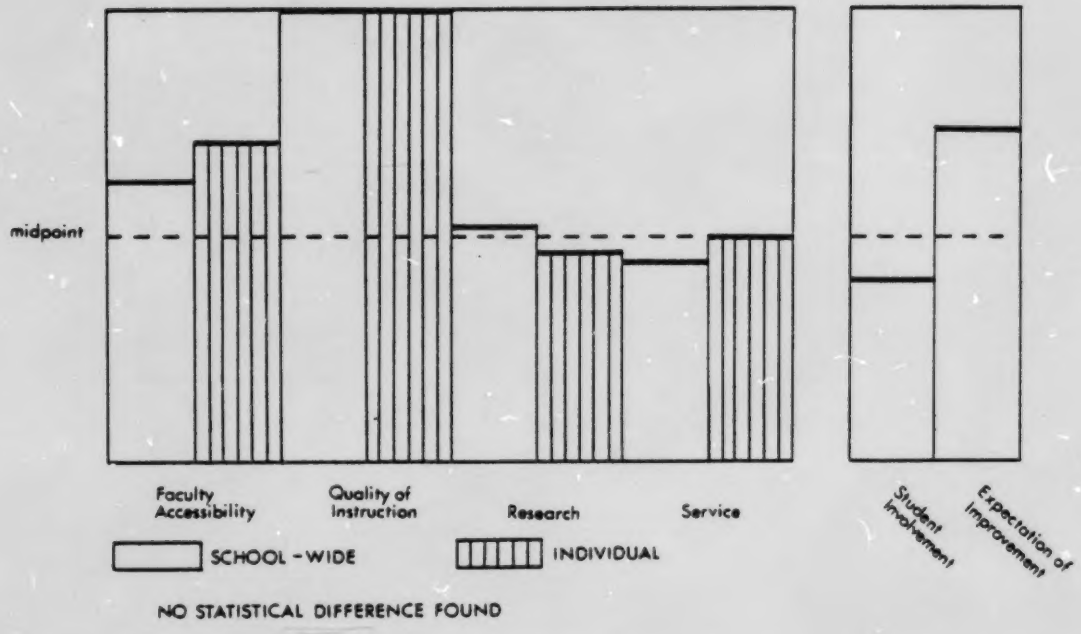


Figure 35. Dental hygiene faculty attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

No significant differences between the impact of accreditation on school-wide and individual responsibilities were found. The Dental Hygiene faculty had positive expectations that the self-study would lead to changes at the Dental School, but felt that more students should have been involved in the process. (The difference of expectations of improvements between DDS and DH faculty was significant at .01.)

c. Comparison of Attitudes of Faculty Groups

Some differences also were found between various groups of faculty (see Appendix UUU). Although biological and clinical science faculty disagreed about the area of responsibility most affected by the self-study, their attitudes about the intrusion of accreditation on school-wide instruction, service and research were similar and predominantly positive (see Figure 36).

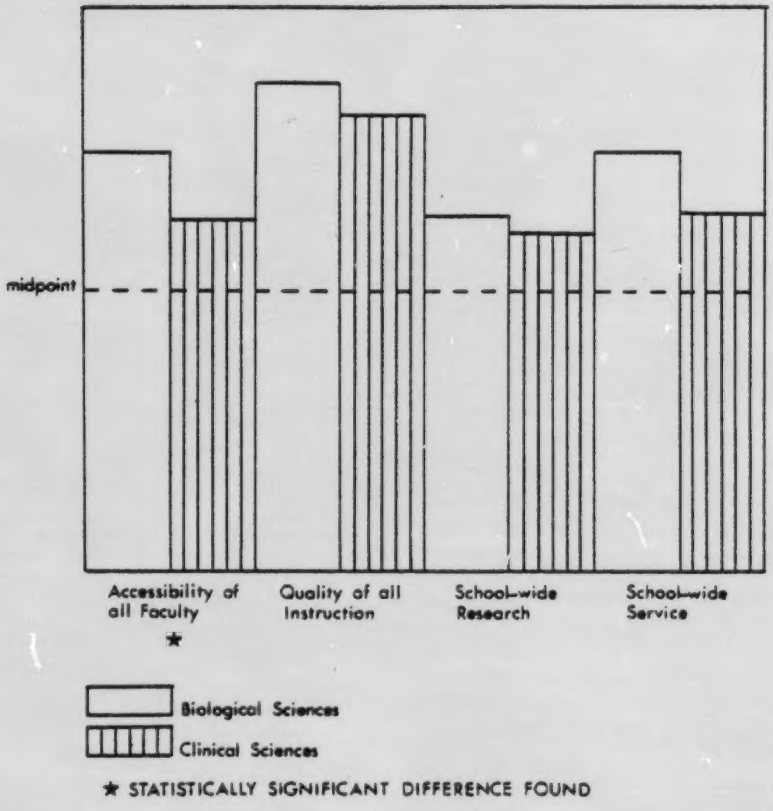


Figure 36. Comparison of clinical and biological science faculty attitudes toward the impact of accreditation on school-wide areas of responsibility.

The one exception was in the area of faculty accessibility. A statistical difference (significant t score at .10) was found between the two groups, indicating a more positive attitude for the biological science faculty. Because the clinical faculty spends more time in the instructional area, especially on the clinic floor, the demands of the self-study would logically affect the accessibility of clinical faculty more than biological faculty. However, no statistical differences were found in comparisons of attitudes of the two faculty groups toward the impact of accreditation on individual instruction, service and research (see Figure 37).

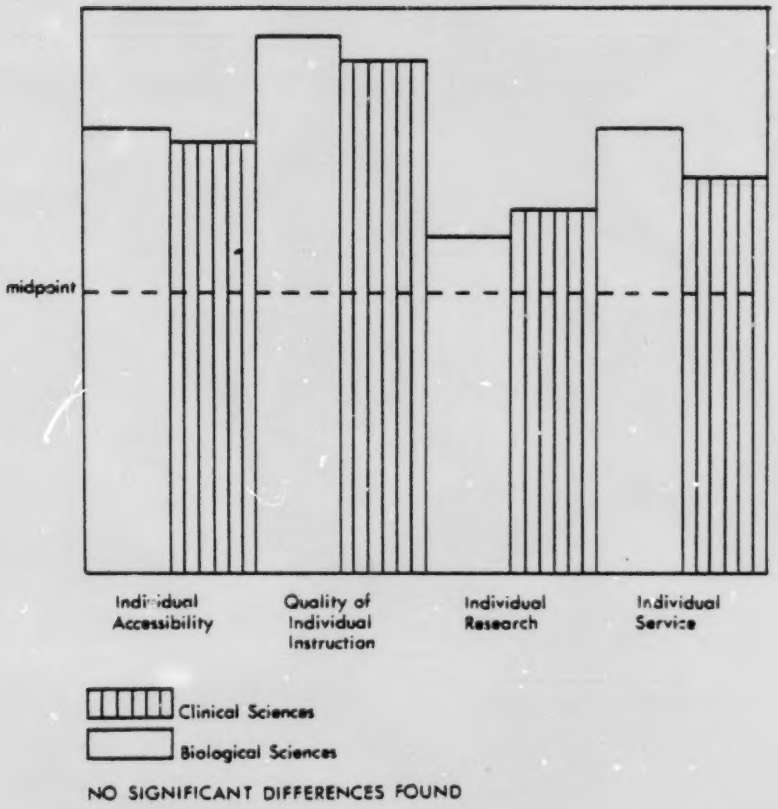


Figure 37. Comparison of clinical and biological science faculty attitudes toward the impact of accreditation on school-wide and individual areas of responsibility.

While clinical faculty may have felt more negative than biological faculty about faculty accessibility school-wide, the attitudes of most clinical and biological science faculty members toward individual accessibility were similar.

In comparing faculty attitudes towards the impact of accreditation on the basis of level of activity in the self-study, discrepancies were found more often in areas of individual responsibilities than in areas of school-wide activities. This finding indicates a realistic assessment, on the part of the less involved faculty, of the impact of accreditation. Because they did not spend as much time on the self-study, the less active group predictably exhibited more positive attitudes in almost every area of individual assessment (see Figure 38). Statistically significant differences (using students' t) were

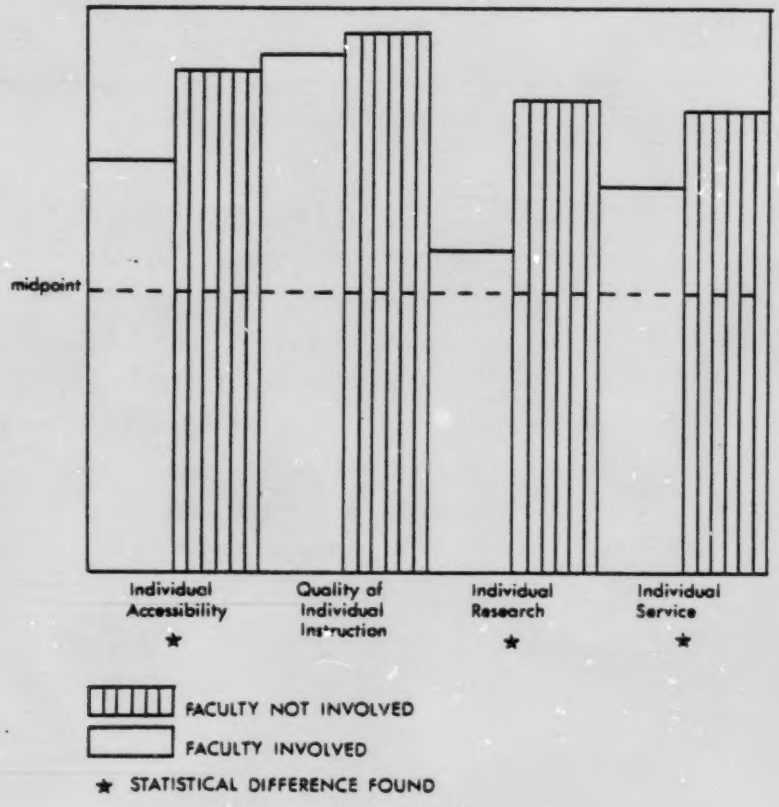


Figure 38. Comparison of active and less active DDS faculty attitudes toward the impact of accreditation on individual areas of responsibility.

found between the two groups of faculty in individual accessibility, research and service. On the other hand, no statistical differences were found between the attitudes of faculty with differing levels of self-study involvement concerning the impact of accreditation school-wide (see Figure 39), except in the area of school-wide research. (A significant students' t at .05 was found.)

Further indication that attitudes were affected by level of involvement can be seen in a comparison of attitudes of those faculty who were highly involved, with the attitudes of all other faculty. Because the ad hoc Committee on Accreditation was composed primarily of Task Committee Chairmen, this group was chosen to represent faculty with the greatest level of involvement. Statistical differences and similarities noted for active and less active faculty in the areas of school-wide and individual accessibility also were evidenced in the responses of ad hoc Committee members and non-members. The exceptions were in school-wide and individual instruction and research, where significant differences were found between ad hoc Committee members and non-members in both instructional areas but not in the research areas (see Appendix UUU).

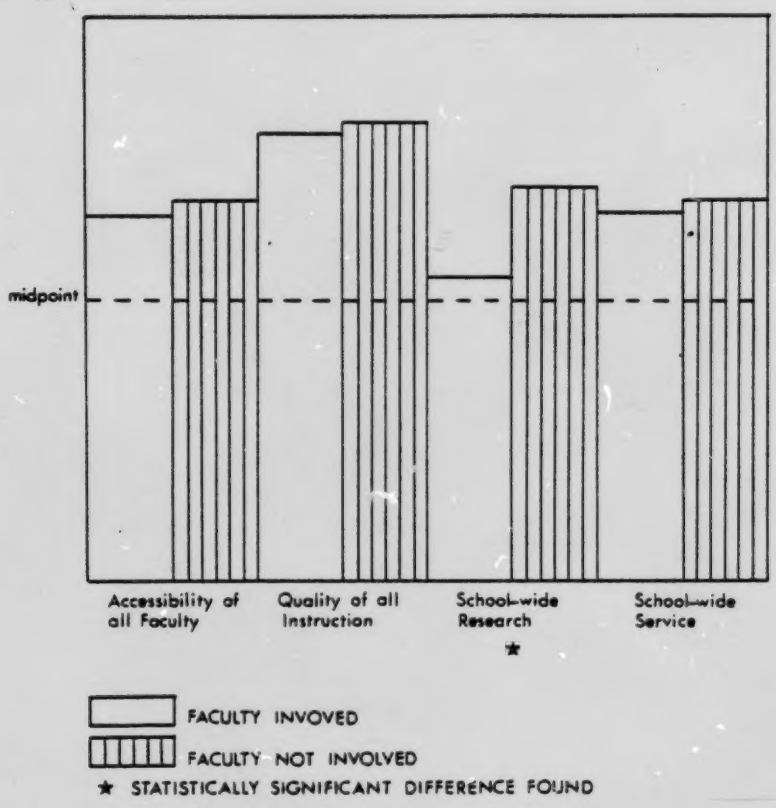


Figure 39. Comparison of active and less active DDS faculty attitudes toward the impact of accreditation on school-wide areas of responsibility.

Comparisons of administrative and non-administrative faculty resulted in only one statistically significant difference. Administrators were less positive about the impact of accreditation on the quality of instruction (see Appendix UUU).

Comparisons of the attitudes between DDS and DH faculty also were made. While the task of completing the report resulted in total and sometimes intense participation of all the DH faculty, the small size of the group may have caused the DH faculty to be more positive about the usefulness of the self-study. (See earlier discussion of Figure 35.)

The level of participation and demands of the self-study seemed to have affected DH faculty negatively in their attitudes toward the impact of accreditation on school-wide and individual service and

individual research (see Figures 40 and 41). They were the only faculty group to register scores below the mid-point in these ratings. However, the DH faculty were more positive in the area of school-wide quality of instruction than the DDS faculty.

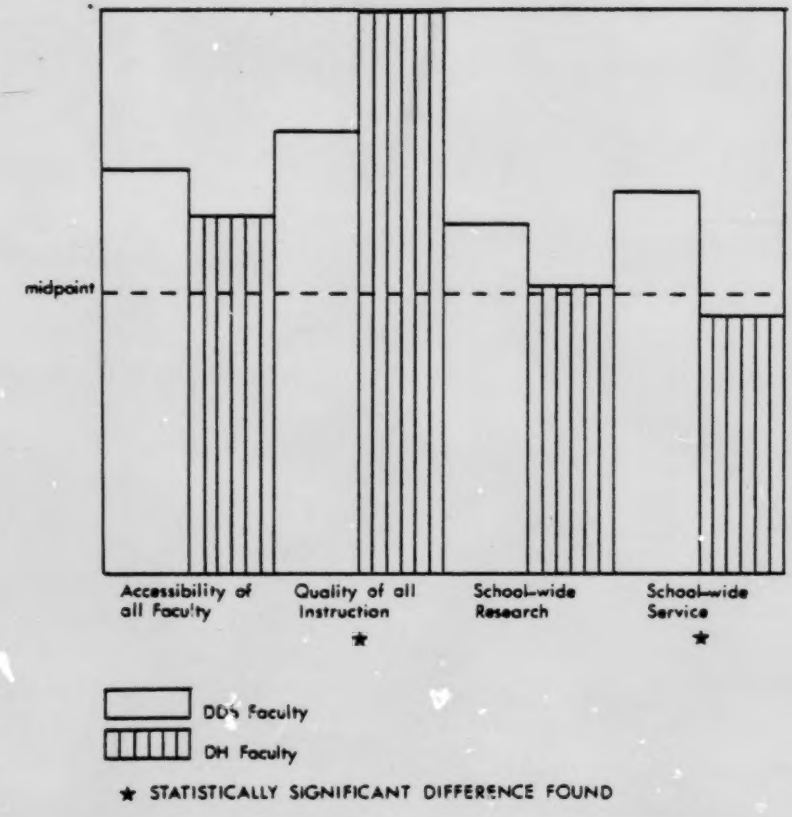


Figure 40. Comparison of DDS and DH faculty attitudes toward the impact of accreditation on school-wide areas of responsibility.

2. Observations

Interviews with several faculty members and observations made during the self-study corresponded to the general attitudes depicted in the faculty questionnaire. While there were rumblings of discontent among a few faculty, most faculty took the self-study in stride. Because dissatisfied faculty were often more vocal, occasionally the mood of the faculty may have seemed darker than it actually was. Except for one or two months, most faculty were not inundated with self-study work.

A department chairman in the basic sciences, however, said that "bench work" for research was definitely short-changed while faculty completed the self-study. He felt that time spent in preparing proposals for research had not been affected to any great degree, but that laboratory work had suffered.

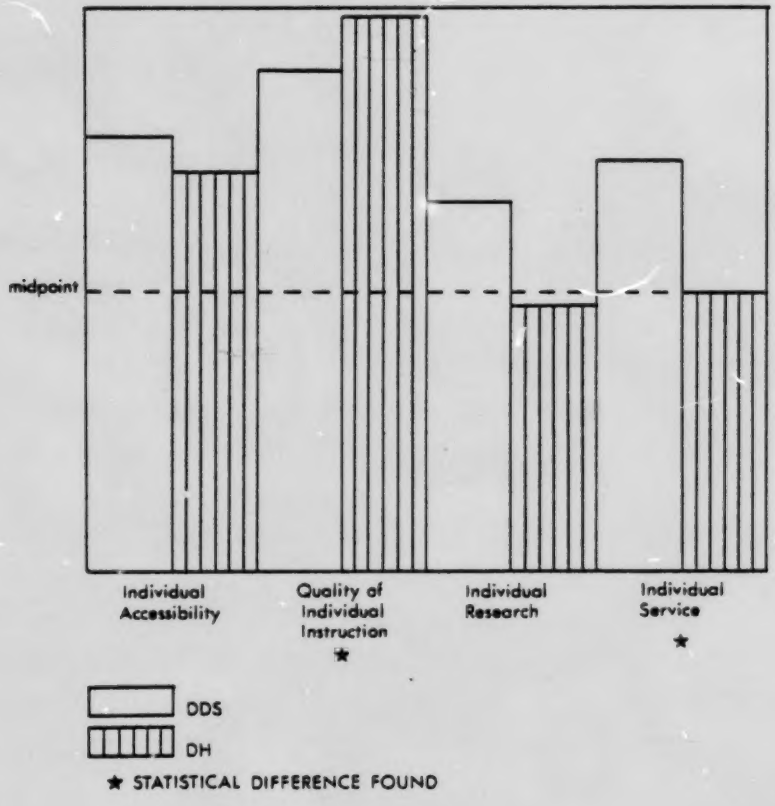


Figure 41. Comparison of DDS and DH faculty attitudes toward the impact of accreditation on individual areas of responsiblity.

This chairman's assessment about research was documented by the number of proposals submitted. From July 1, 1979 to June 30, 1980, roughly the time period of the self-study, 37 proposals for a total of $2,291,673 were submitted by Dental School personnel for funding. This is comparable to years past. In addition, applications for in-house faculty research grants were similar if not greater than in previous years. Any differences in research funding, therefore, probably should not be attributed to a diversion of faculty resources during the self-study. There is no way to ascertain if the self-study affected the quality of the proposals submitted since so many variables go into funding decisions.

Two major areas of faculty service, continuing education and committee work, were monitored to assess the impact of time demands of the self-study. Almost three-fourths of the DDS faculty agreed that faculty involvement in continuing education was not affected by accreditation. (This issue will be discussed in more detail in the next section.) However, half of the Dental Hygiene faculty felt continuing education had been affected, especially in the development of new courses.

Faculty activity in continuing education during the self-study and the semester following equalled or surpassed activity of the previous academic year (1978-79) in terms of total courses taught (see Table 38). During the self-study, Dental School faculty taught 38 courses, compared to 33 for the previous academic year. The number taught by Dental School faculty the semester following the self-study

Table 38. Continuing Education Course Breakdown: September 1978-December 1980

	1978	1979		1980	
	Sept.-Dec.	Jan.-June	Sept.-Dec	Jan.-June	Sept.-Dec.
Total # Courses Offered	18	24	19	31	20
# of Courses Taught by DS Faculty	12	21	12	26	16
# of Courses Previously Taught by DS Faculty	NA*	1	3	12	9
# of New Courses Taught by DS Faculty	NA*	20	9	14	7
# of Departments Involved in Continuing Education	8	10	10	12	12

*Since September 1978

was also higher than similar semesters in 1978 and 1979. However, the number of repeated courses also was significantly higher, indicating a lack of time for course development. This is especially true for the Fall 1980 semester; over half of the courses offered were repeats from previous years. A decline in course development for continuing education could be related to time restraints caused by the self-study.

The second major area of service to be affected by accreditation demands was faculty committee work. Most faculty (over 70 percent) agreed that standing committees also working on accreditation tasks were able to complete normal workloads. (This issue will be discussed in more detail in the next section.) The chairman of one dual committee noted that the self-study tasks had forced members to put much of their on-going committee work aside. However, the self-study questions proved useful in helping committees look at tasks in more perspective.

During the busiest months of the self-study, accreditation seemed to preoccupy everyone and to intrude in every area of responsibility. However, adjustments in schedules and duties apparently kept accreditation from significantly diverting the Dental School from its objectives. There is some evidence that two areas, basic research bench work and development of continuing education courses, were affected to some extent. At the same time, the important function of the School, the instruction of students, seemed to be affected least of all.

Secretarial Staff

Another area of indirect costs can be traced to the secretarial staff of the Dental School. Real or direct costs in terms of time for this group were discussed earlier. Indirect costs are the changes in morale or attitudes that occurred because of those time demands.

Secretarial attitudes were measured through a questionnaire (see Appendix T) and interviews. Out of 30 questionnaires distributed, 19 were returned, for a response rate of 63.3 percent. Ten respondents were departmental secretaries, while nine were from other offices.

As in the faculty questionnaire, secretaries were asked which areas of their regular responsibilities were most affected by accreditation. Secretaries indicated instructional support work was most affected by accreditation demands (see Figure 42), including the preparation of tests and other teaching materials. About a fourth of the secretaries felt that accreditation had not significantly affected any area of their work. Because much of faculty research does not require secretarial support, the low response rate for research (10.7) is not surprising, even though most faculty felt it was the area of responsibilty most affected.

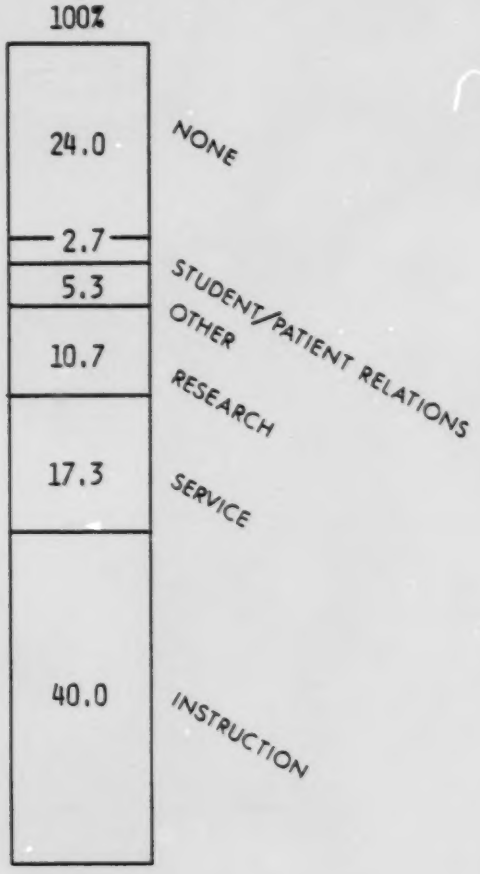


Figure 42. Areas of secretarial responsibility most affected by accreditation.

Secretarial attitudes overall were neutral towards the effect of accreditation on their work (see Figure 43). As in earlier figures, the higher the bar, the more positive the attitude. The midpoint represents neutral feelings. Neutral attitudes were expressed toward the worth of the self-study, the sympathy of the school as a whole for secretarial workloads, and time made available for the extra work. Two exceptions were registered in strongly negative attitudes towards interference of accreditation with routine tasks and more positive attitudes towards sympathy of faculty concerning the increased requirements.

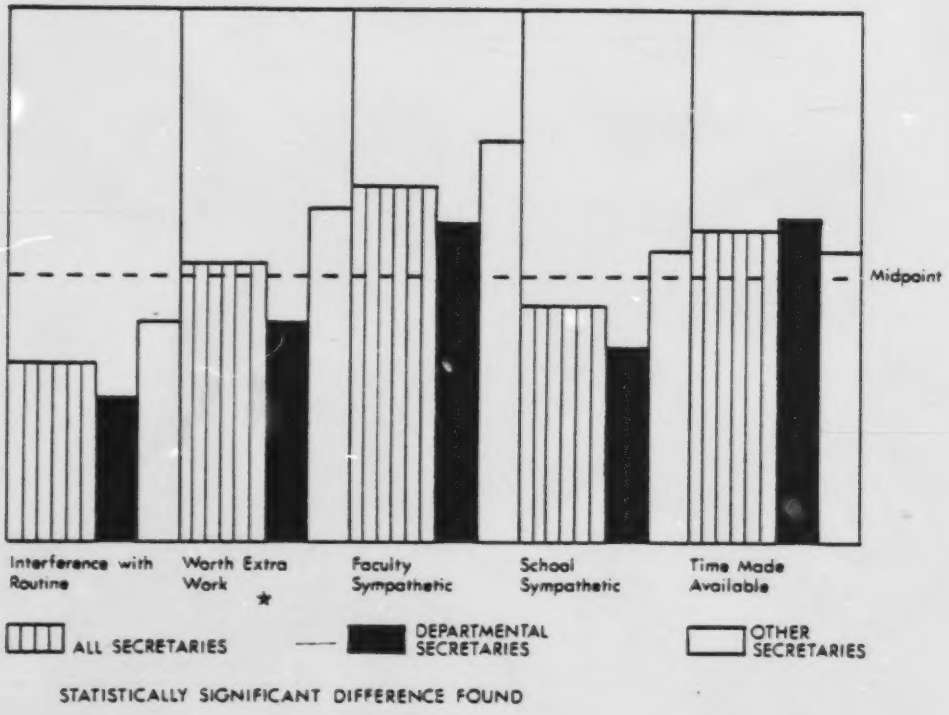


Figure 43. Secretarial attitudes towards accreditation.

Comparisons also were made between departmental and other secretaries (see Appendix XXX). In four out of the five scales, departmental secretaries tended to be more negative. Differences between the two groups of secretaries, however, were statistically significant only in attitudes about the worth of the self-study (see Appendix YYY). Attitudes of the secretarial staff overall were somewhat more negative than those of faculty.

Comparison of Faculty, Staff and Student Attitudes

In order to get a general picture of every sector involved in the Dental School self-study, comparisons were made among faculty, staff (secretarial and associate) and student groups. Although the small number of associate staff did not allow for statistical comparisons with the other groups, their responses are included when appropriate.

Responses to the question, "Do you think too little time was spent by the Dental School on the accreditation self-study?" are shown in Table 39. Although a majority of DDS students did not feel that too little time was spent on the self-study, a significant group responded affirmatively to the question. This could be related directly to the small number of DDS students who were actively involved in the self-study. Many of those who indicated the study time was too limited might not have known how much time was spent. The percentage of associate staff that indicated "yes" qualified the answer to a time period within the self-study.

Table 39. Response to Survey Question About Too Little Time Spent on Self-Study

	Yes (%)	No (%)
DDS Faculty	4.3	95.7
DH Faculty	0	100.0
DDS Students	26.7	73.3
DH Students	9.8	90.2
Secretarial Staff	11.1	88.9
Associate Staff	20.0	80.0

Attitudes of different faculty, student and staff groups were also compared in four areas, faculty accessibility to students, quality of instruction, student involvement, and expectations of improvements. The responses of the DDS faculty also have been broken out to show differences of biological and clinical science faculty (see Appendixes VVV and WWW).

Except for associate staff, attitudes towards faculty accessibility (see Figure 44) are predominantly positive (see Appendixes ZZZ and TTT). While the secretarial response closely corresponded to faculty and student answers, associate staff were much more negative. Earlier findings indicated that all instructional areas, including accessibility, were affected "some" to "not at all." Statistical differences in faculty accessibility were found between students and faculty, with students being more positive, and between clinical and biological faculty (see Appendix AAAA).

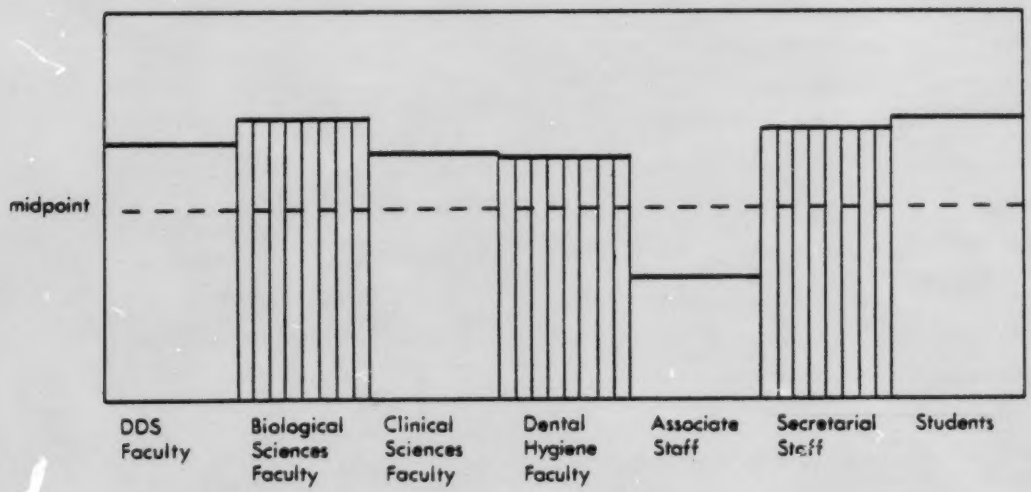


Figure 44. Faculty, staff and student attitudes toward the effect of accreditation on faculty accessibility to students.

Only students and faculty were asked to assess the effect of accreditation on the quality of instruction (see Figure 45). The only statistically significant difference was found between DDS and DH faculty. Both faculty and students were positive about the quality of instruction during the self-study.

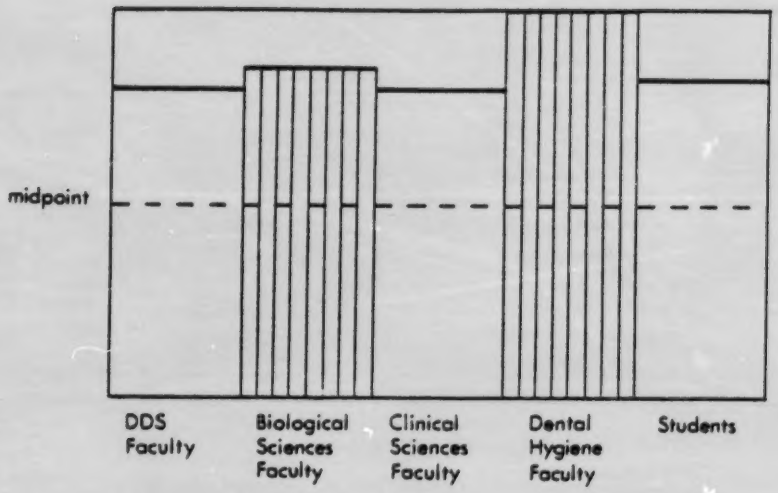


Figure 45. Faculty and student attitudes toward the effect of accreditation on the quality of instruction.

Feelings about student involvement ranged from neutral to slightly negative (see Figure 46). Associate staff, dental hygiene faculty and students were somewhat negative about the level of involvement. A statistically significant difference was found between DDS students and faculty, with students being more negative.

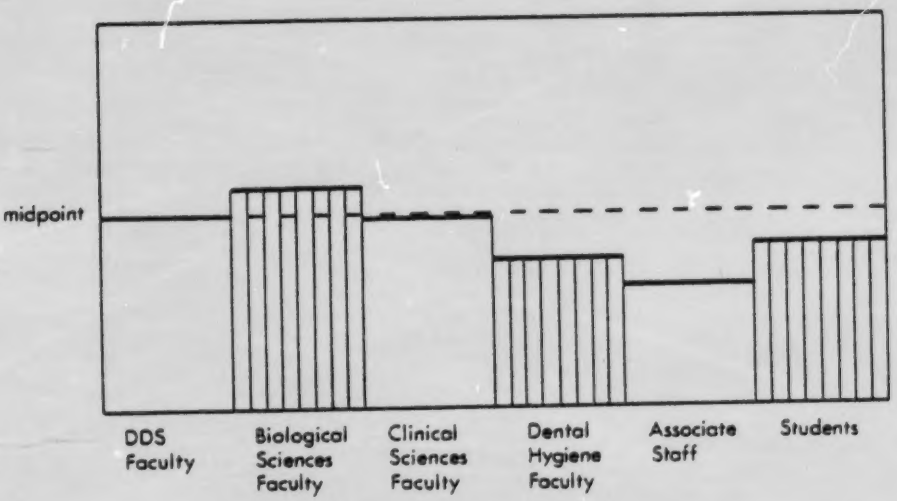


Figure 46. Faculty, staff and student attitudes toward student involvement in the self-study.

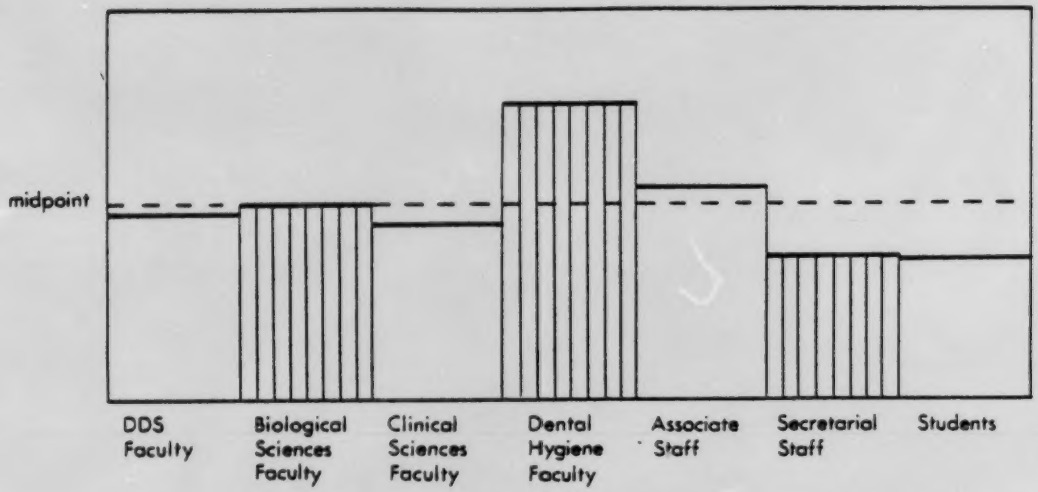


Figure 47. Faculty, staff and student attitudes toward accreditation resulting in improvements at the Dental School.

Negative attitudes were also indicated in responses about expectations of improvements resulting from the accreditation self-study (see Figure 47). The only group with positive expectations for improvement was the DH faculty. Statistical differences were found between DH and the total DDS faculty. Differences between students and DDS faculty also were significant at the .01 level. The secretaries' estimate of student involvement closely parralleled the students'.

Summary

During the self-study morale of the faculty, staff and students changed only slightly, or was not affected at all. The major exceptions to this finding were in the attitudes of faculty and students in the small, specialized programs (such as APT), and departmental secretaries, who may have been responsible for more than one self-study report.

Problems in the two areas where morale did seem to decline might have been eased with structural changes in the School's self-study organization. Faculty in smaller programs should not have had dual responsibilities for the self-study. Fewer demands on their time would have decreased their frustration and that of their students, since accessibility would have been better. Larger departments and

programs were able to absorb better the demands of the self-study, although individual members of those departments sometimes were overburdened because of their involvement with different accreditation committees. Adding to the responsibilities of faculty in smaller departments or programs where self-study demands were significant should have been carefully weighed.

In addition, more direct communication with the secretarial staff might have eliminated retyping and made the staff feel more a part of the self-study effort. The School might consider regular meetings of support staff personnel to encourage a feeling of unity.

Not all changes in morale were negative. Some faculty have been encouraged by changes in the School that already have occurred as a result of self-study findings. Several students who actively participated in the study were surprised to learn how much care and concern went into their education. And finally, several secretaries enjoyed their participation and viewed it as a learning experience.

Like changes in morale, shifts in priorities due to self-study demands were only slight. For the most part, instruction was affected minimally, except for faculty accessibility to students in small programs. Some bench time in research and routine committee work were suspended for a brief period, but not enough to keep the Dental School from meeting its primary goals. Because there was only slight disruption in the development of new research proposals, long-term effects of the self-study on future research should be only minimal. In addition, any lack of course development for continuing education during the self-study should be only short-term.

At this point, negative impacts of accreditation were minimal. Additional requirements of future accreditation studies or a decrease in time between visits could result in more negative attitudes. One of the factors that seemed to keep faculty appeased was the knowledge that another accreditation self-study would not occur for seven years.

Effectiveness of the Accreditation Self-Study Process

In discussing the effectiveness of the accreditation self-study process, the following areas will be addressed:

1. Effectiveness of the self-study structure
2. Effective use of personnel and students
3. Mechanism for change

Effectiveness of the Self-Study Structure

Several different methods were used in analyzing the effectiveness of the self-study organization. Faculty impressions were solicited by means of questionnaires and through interviews; observations were made throughout the study; data requirements were analyzed; and the usefulness of the Self-Study Manual was probed.

1. Faculty Impressions

An aspect of the questionnaire was designed to measure faculty attitudes concerning issues related to the organization of the self-study, the level of faculty and student involvement in the self-study, and the likelihood that the accreditation process would bring about improvements in the dental program. Faculty were asked to indicate their level of agreement or disagreement with statements on these issues. The response of neutral was not provided in order to force definitive response.

Statements about the adequacy of the committee structure and length of time spent were combined to ascertain general faculty impressions of the self-study organization. The faculty generally expressed neutral feelings about the effectiveness of the self-study organization (see Figure 48). The neutral ratings resulted from a cancelling out effect between certain issues. While faculty felt the committee structure was adequate, they also felt the time and importance assigned to the self-study was too great. The only groups with statistically

significant differences in their attitudes toward the self-study organization were administrators and nonadministrators. The more heavily involved administrators were more positive about the organization than nonadministrative faculty (see Appendixes BBBB and CCCC).

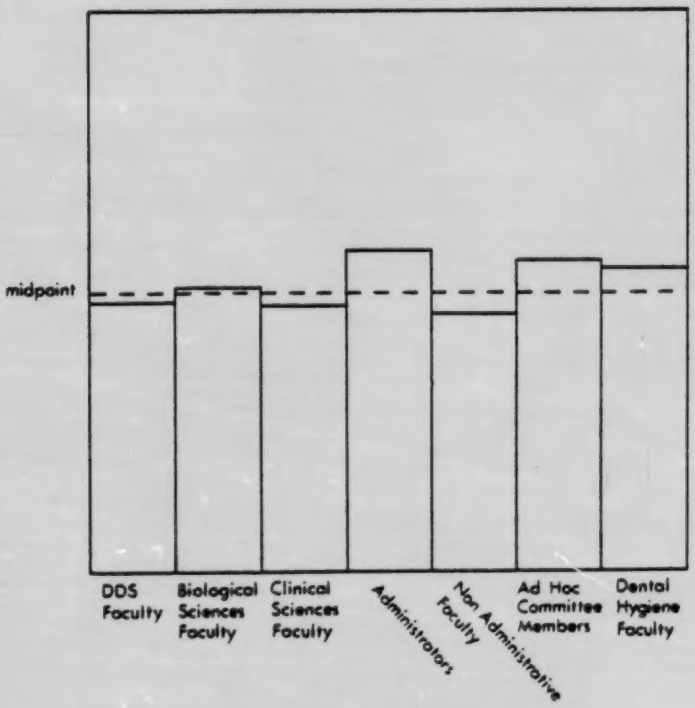


Figure 48. Faculty attitudes toward the organization of the self-study.

Individual rankings of issues are provided in Figures 49 through 55. Next to the issue statement is the percentage of agreement or disagreement with the statement. The next column reveals the strength of the agreement/disagreement. For example in Figure 49, while a large majority agreed with the first statement, there was not a strong sentiment of agreement. Often responses at the extremes cancelled each other out.

A closer look at the issues that relate to the self-study organization will clarify attitudes shown in Figure 48. In the first two statements almost three-fourths of the DDS faculty agreed, although

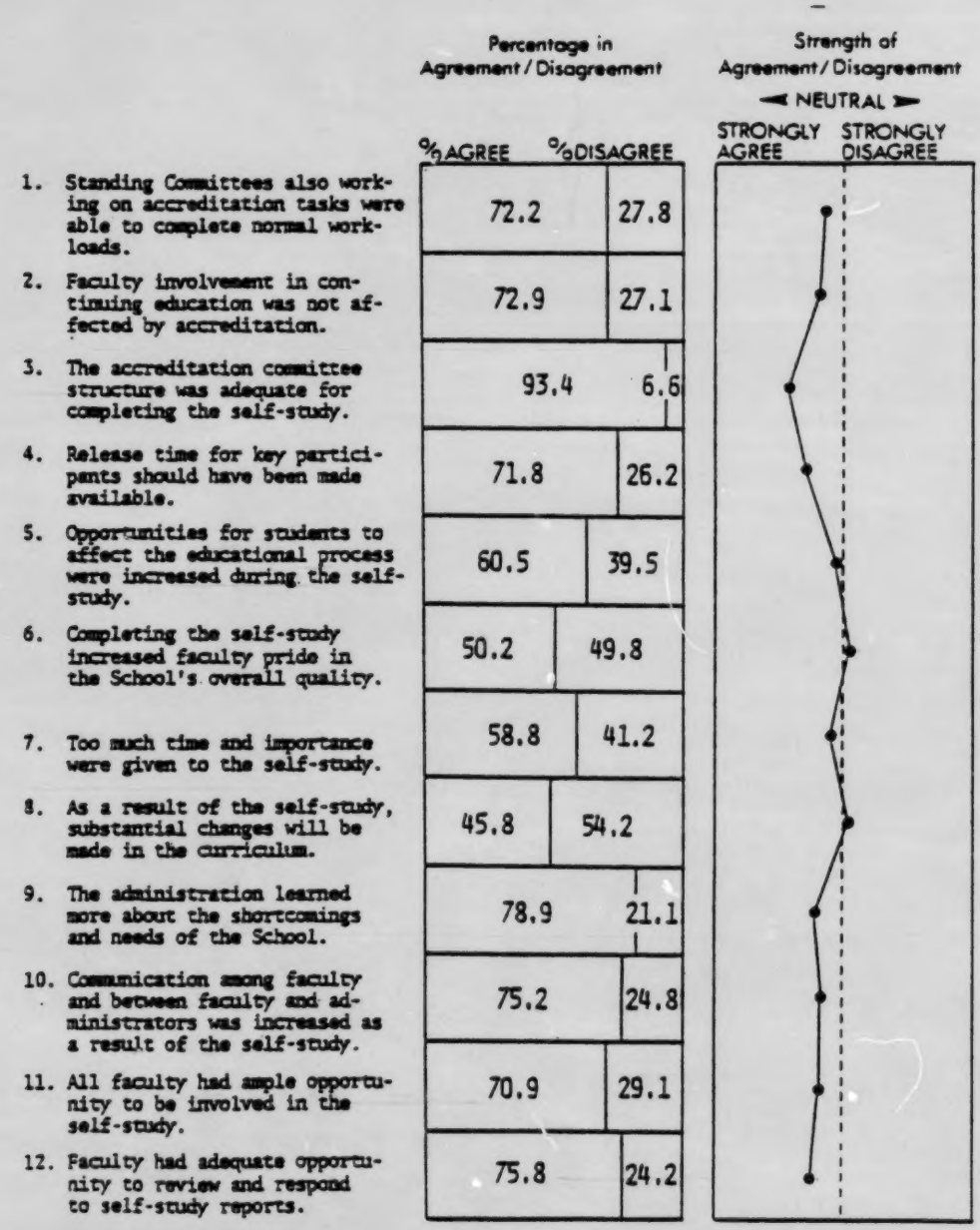

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
% AGREE
% DISAGREE
STRONGLY AGREE
STRONGLY DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
72.2
27.8
2. Faculty involvement in continuing education was not affected by accreditation.
72.9
27.1
3. The accreditation committee structure was adequate for completing the self-study.
93.4
6.6
4. Release time for key participants should have been made available.
71.8
26.2
5. Opportunities for students to affect the educational process were increased during the self-study.
60.5
39.5
6. Completing the self-study increased faculty pride in the School's overall quality.
50.2
49.8
7. Too much time and importance were given to the self-study.
58.8
41.2
8. As a result of the self-study, substantial changes will be made in the curriculum.
45.8
54.2
9. The administration learned more about the shortcomings and needs of the School.
78.9
21.1
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
75.2
24.8
11. All faculty had ample opportunity to be involved in the self-study.
70.9
29.1
12. Faculty had adequate opportunity to review and respond to self-study reports.
75.8
24.2

Figure 49. Faculty agreement/disagreement with accreditation issues.

not strongly, that the self-study did not hamper the functioning of standing committees or continuing education programs. While most (93 percent) felt that the committee structure was adequate (see Statement 3), almost 60 percent felt that too much time and importance were given to the self-study (see Statement 7). Most faculty also felt that the demands on time should have been eased by release time for key participants (see Statement 4).

The reaction of the biological science (see Figure 50) and clinical science faculty (see Figure 51) was not too different from the DDS faculty as a whole. The biological faculty felt more strongly than the clinical faculty that the self-study had little effect on the functioning of standing committees and continuing education. (A statistically significant difference between strengths of agreement was found; see Appendix DDDD.) The clinical faculty also felt more strongly about the need for release time for key participants. A greater percentage of biological faculty agreed that too much time and importance were given to the study, but the strength of that agreement was almost equal to that for the clinical faculty even though 20 percent fewer clinicians agreed with the statement. This is due to the number of clinicians who strongly disagreed with the statement.

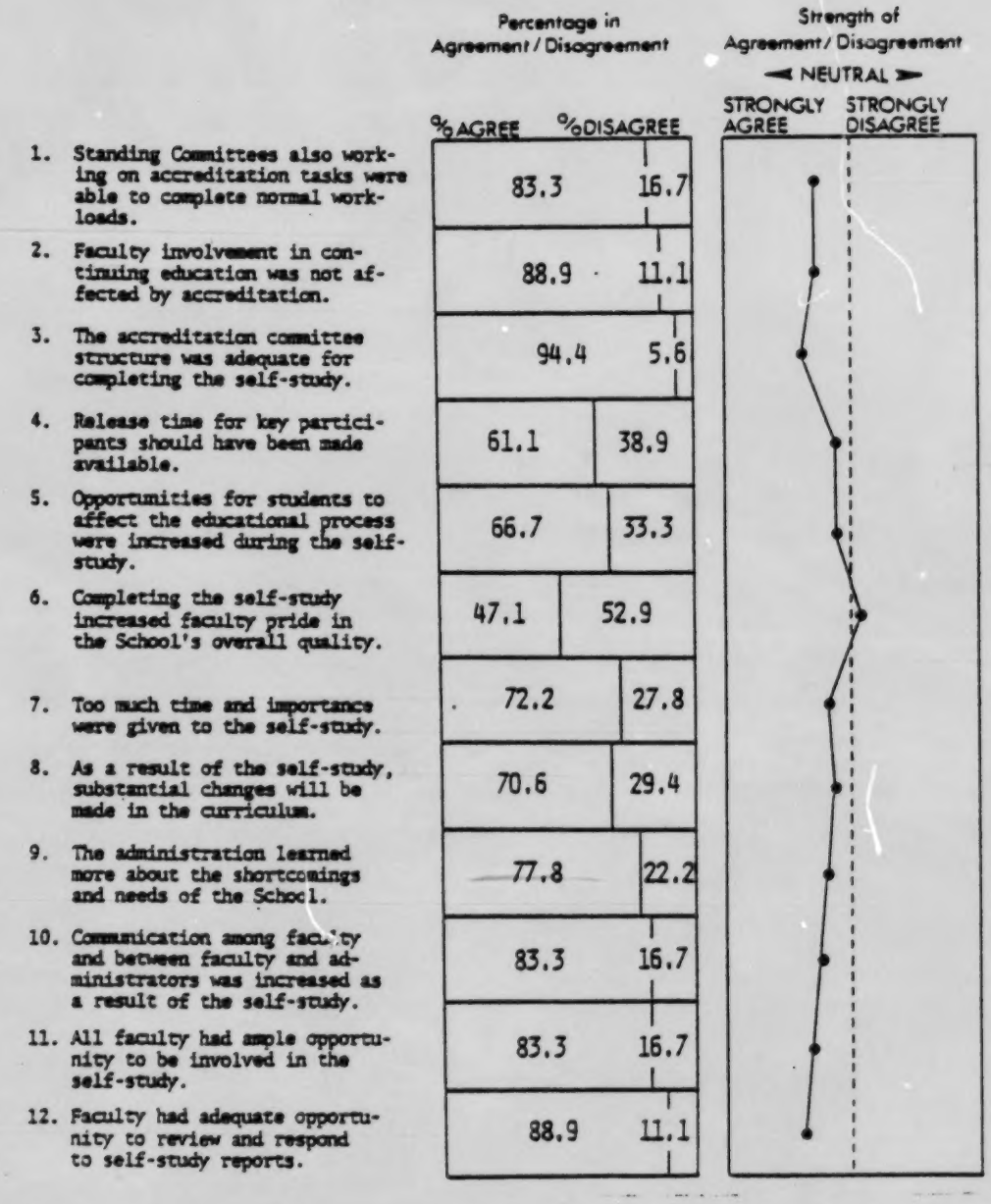

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
STRONGLY AGREE
STRONGLY DISAGREE
%AGREE
%DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
83.3
16.7
2. Faculty involvement in continuing education was not affected by accreditation.
88.9
11.1
3. The accreditation committee structure was adequate for completing the self-study.
94.4
5.6
4. Release time for key participants should have been made available.
61.1
38.9
5. Opportunities for students to affect the educational process were increased during the self-study.
66.7
33.3
6. Completing the self-study increased faculty pride in the School's overall quality.
47.1
52.9
7. Too much time and importance were given to the self-study.
72.2
27.8
8. As a result of the self-study, substantial changes will be made in the curriculum.
70.6
29.4
9. The administration learned more about the shortcomings and needs of the School.
77.8
22.2
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
83.3
16.7
11. All faculty had ample opportunity to be involved in the self-study.
83.3
16.7
12. Faculty had adequate opportunity to review and respond to self-study reports.
88.9
11.1

Figure 50. Biological science faculty agreement/disagreement with accreditation issues.

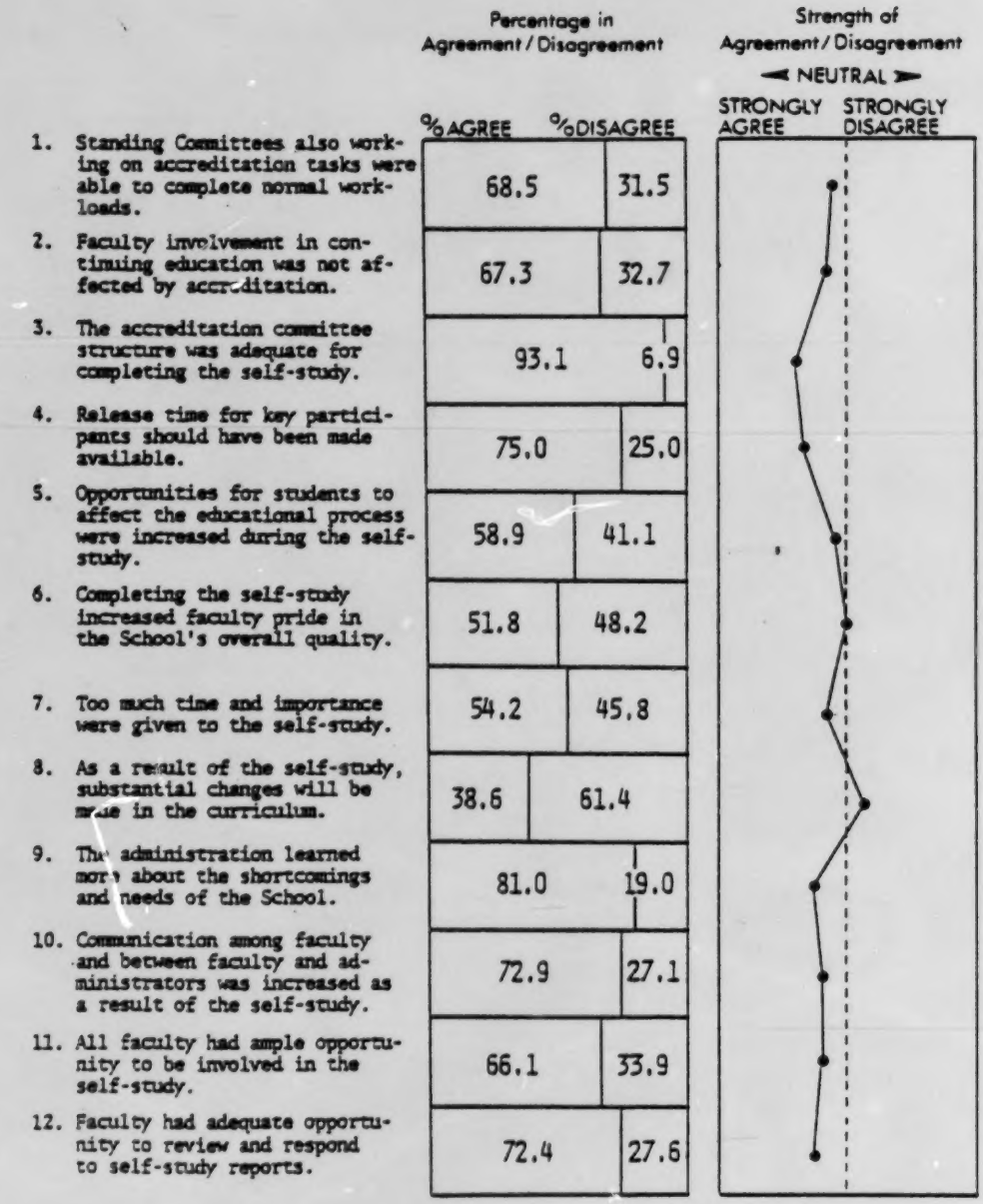

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
STRONGLY AGREE
STRONGLY DISAGREE
%AGREE
%DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
68.5
31.5
2. Faculty involvement in continuing education was not affected by accreditation.
67.3
32.7
3. The accreditation committee structure was adequate for completing the self-study.
93.1
6.9
4. Release time for key participants should have been made available.
75.0
25.0
5. Opportunities for students to affect the educational process were increased during the self-study.
58.9
41.1
6. Completing the self-study increased faculty pride in the School's overall quality.
51.8
48.2
7. Too much time and importance were given to the self-study.
54.2
45.8
8. As a result of the self-study, substantial changes will be made in the curriculum.
38.6
61.4
9. The administration learned more about the shortcomings and needs of the School.
81.0
19.0
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
72.9
27.1
11. All faculty had ample opportunity to be involved in the self-study.
66.1
33.9
12. Faculty had adequate opportunity to review and respond to self-study reports.
72.4
27.6

Figure 51. Clinical science faculty agreement/disagreement with accreditation issues.

An interesting difference between administrators and nonadministrators is found in comparing their responses to Statement 3 (see Figures 52 and 53). While the raw percentage of those agreeing or disagreeing with the issue is very similar, statistically significant differences are found in comparing the strength of agreement/disagreement. Administrators were much more likely to strongly agree that the committee structure was adequate. Most of this difference between the two groups can be explained by responses of the deans, who developed the committee structure, rather than all the administrators. (A statistically significant difference was found between deans and department and program heads; see Appendix EEEE.) A statistical difference between the strength of agreement was also found between administrators and nonadministrators concerning the need for release time. Although time records revealed that deans and department chairmen were much more involved in the self-study, they felt less strongly that release time should have been made available. No difference between the two types of administrators was found on this issue. While no statistical differences were noted between administrative and nonadministrative faculty in the amount of time and importance given to the self-study, differences were detected between the two types of administrators. Deans were more likely to "strongly disagree" to Statement 7 than department and program chairmen.

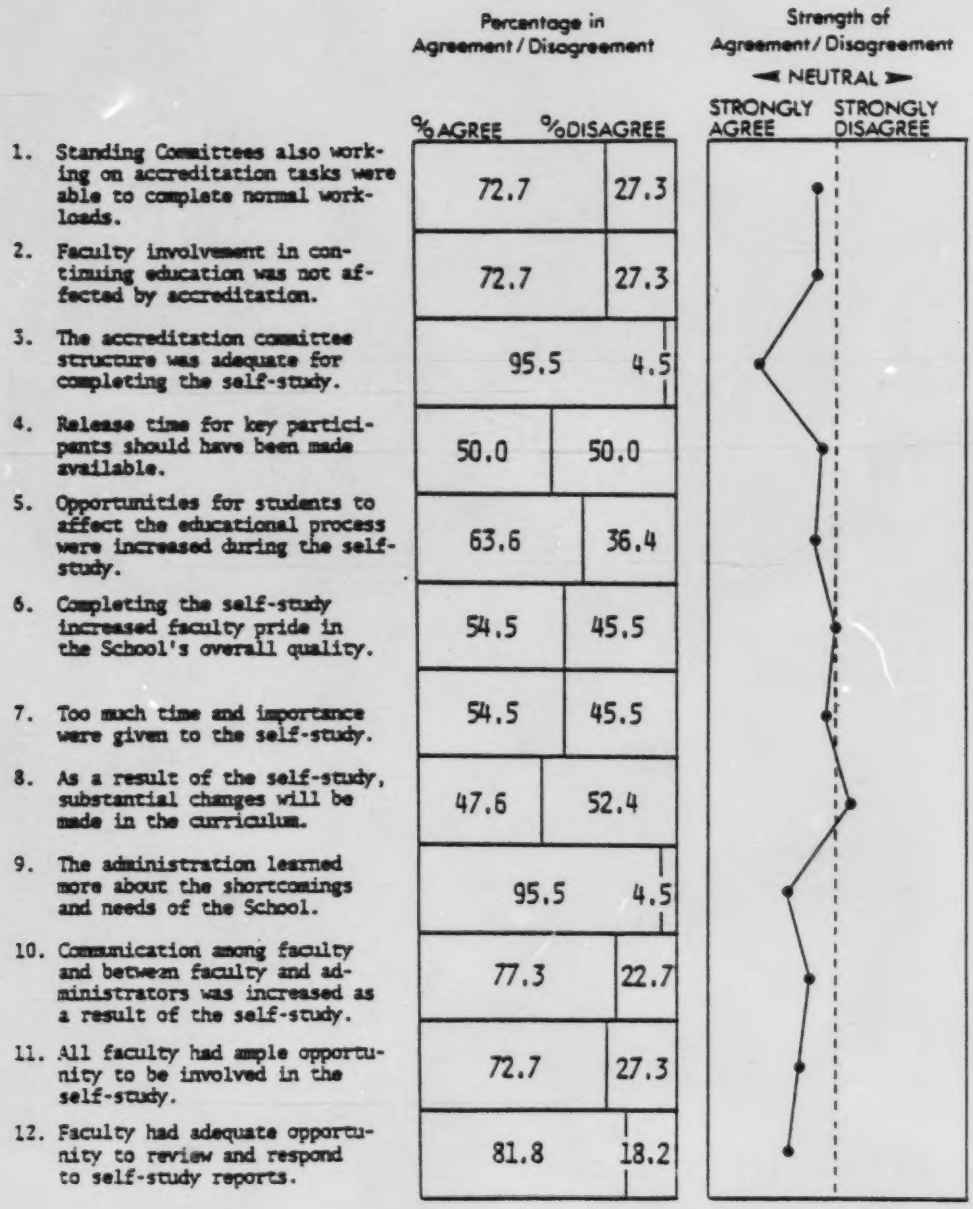

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
STRONGLY AGREE
STRONGLY DISAGREE
%AGREE
%DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
72.7
27.3
2. Faculty involvement in continuing education was not affected by accreditation.
72.7
27.3
3. The accreditation committee structure was adequate for completing the self-study.
95.5
4.5
4. Release time for key participants should have been made available.
50.0
50.0
5. Opportunities for students to affect the educational process were increased during the self-study.
63.6
36.4
6. Completing the self-study increased faculty pride in the School's overall quality.
54.5
45.5
7. Too much time and importance were given to the self-study.
54.5
45.5
8. As a result of the self-study, substantial changes will be made in the curriculum.
47.6
52.4
9. The administration learned more about the shortcomings and needs of the School.
95.5
4.5
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
77.3
22.7
11. All faculty had ample opportunity to be involved in the self-study.
72.7
27.3
12. Faculty had adequate opportunity to review and respond to self-study reports.
81.8
18.2

Figure 52. Administrators' agreement/disagreement with accreditation issues.

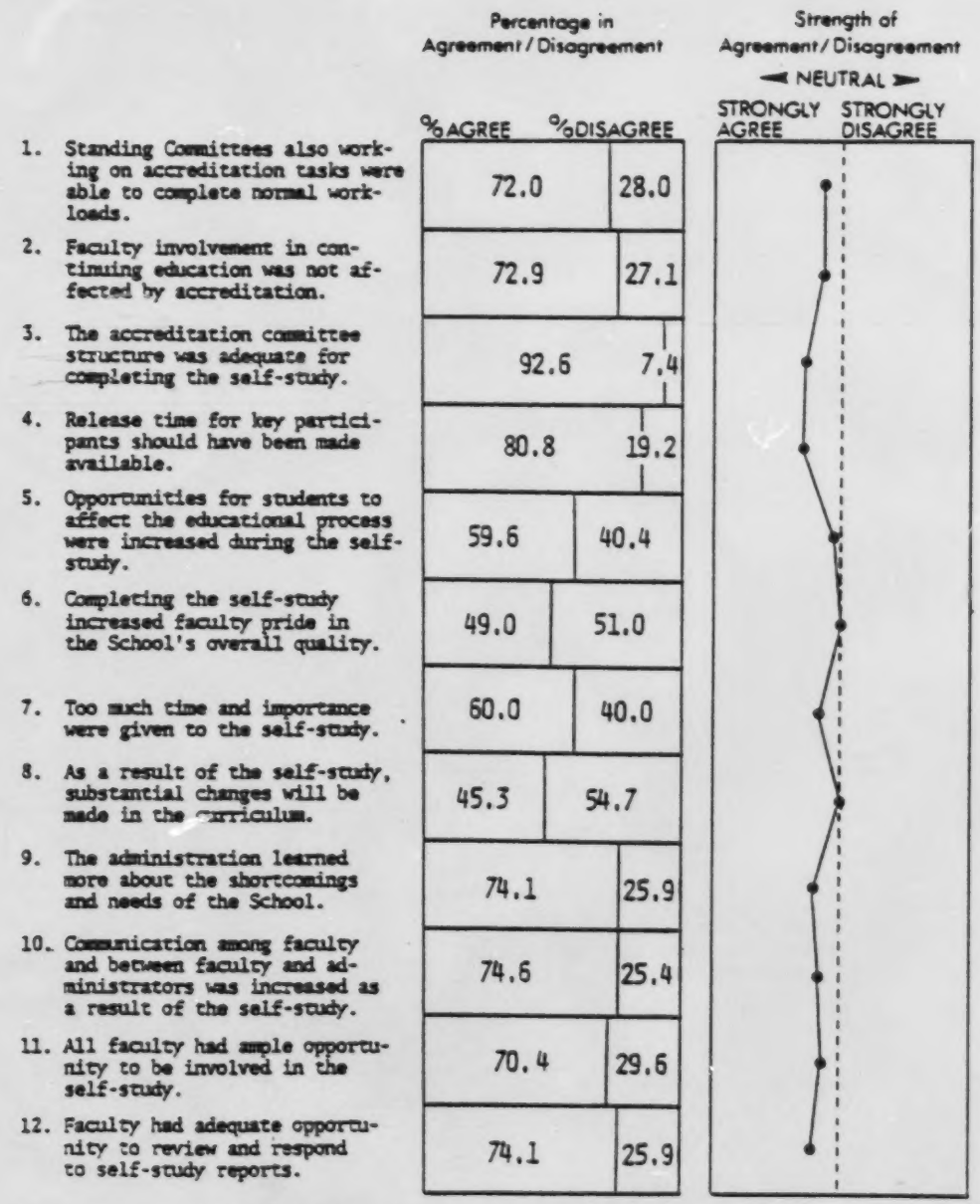

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
%AGREE
%DISAGREE
STRONGLY AGREE
STRONGLY DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
72.0
28.0
2. Faculty involvement in continuing education was not affected by accreditation.
72.9
27.1
3. The accreditation committee structure was adequate for completing the self-study.
92.6
7.4
4. Release time for key participants should have been made available.
80.8
19.2
5. Opportunities for students to affect the educational process were increased during the self-study.
59.6
40.4
6. Completing the self-study increased faculty pride in the School's overall quality.
49.0
51.0
7. Too much time and importance were given to the self-study.
60.0
40.0
8. As a result of the self-study, substantial changes will be made in the curriculum.
45.3
54.7
9. The administration learned more about the shortcomings and needs of the School.
74.1
25.9
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
74.6
25.4
11. All faculty had ample opportunity to be involved in the self-study.
70.4
29.6
12. Faculty had adequate opportunity to review and respond to self-study reports.
74.1
25.9

Figure 53. Nonadministrative DDS faculty agreement/disagreement with accreditation issues.

Responses to questionnaire statements by ad hoc Committee members were similar to those of administrators (see Figure 54). The only difference between members of the ad hoc Committee and other faculty was in evaluating the adequacy of the committee structure for completing the self-study. Ad hoc members, including the chairmen of Task Committees, felt more strongly than other faculty members that the committee structure was adequate. While statistically significant differences were not found in the strength of agreement/disagreement in other areas, there were obvious differences in the percentage that agreed or disagreed with a statement. For example, while 35 percent of the ad hoc Committee disagreed that continuing education had not been affected, less than 25 percent of nonmembers disagreed. In addition, while only 57 percent of the heavily-involved ad hoc Committee members agreed that release time for key participants should have been available, almost 80 percent of nonmembers agreed. Perhaps the less active nonmembers felt that release time would have distributed the burden more equitably. (Over 70 percent of faculty not active on any self-study committee agreed that release time should have been available for key participants.)

The DH faculty responded differently than the DDS faculty in several areas (see Figure 55). Two statistically significant differences were found in the strength of agreement/disagreement concerning release time availability and time and importance given to the self-study (see Appendix DDDD). The DH faculty felt much more strongly than DDS faculty that release time should have been available. Every DH faculty member agreed with the need for release time, compared to less than 75 percent of DDS faculty. The DH faculty disagreed with the statement that too much time and importance were given to the self-study, while the DDS faculty concurred with the statement. Only 12 percent of the DH faculty agreed that too much time and importance were given to accreditation, compared to almost 60 percent of DDS faculty who agreed. While differences in the strength of agreement were not found, dental hygiene felt more strongly that continuing education had been affected. Half of the DH faculty disagreed that continuing education was not affected, compared to 27 percent of the DDS faculty.

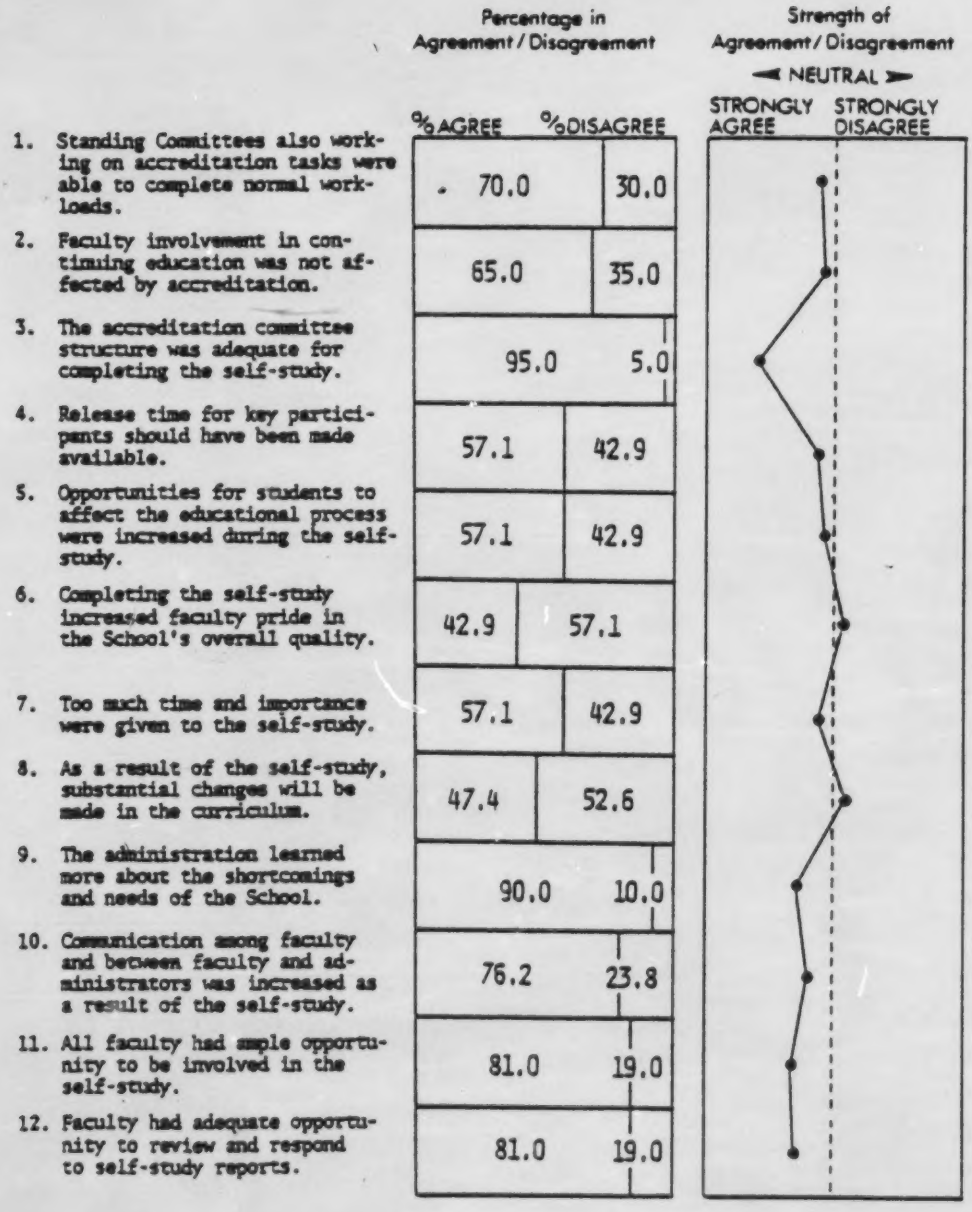

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
STRONGLY AGREE
STRONGLY DISAGREE
%AGREE
%DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
70.0
30.0
2. Faculty involvement in continuing education was not affected by accreditation.
65.0
35.0
3. The accreditation committee structure was adequate for completing the self-study.
95.0
5.0
4. Release time for key participants should have been made available.
57.1
42.9
5. Opportunities for students to affect the educational process were increased during the self-study.
57.1
42.9
6. Completing the self-study increased faculty pride in the School's overall quality.
42.9
57.1
7. Too much time and importance were given to the self-study.
57.1
42.9
8. As a result of the self-study, substantial changes will be made in the curriculum.
47.4
52.6
9. The administration learned more about the shortcomings and needs of the School.
90.0
10.0
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
76.2
23.8
11. All faculty had ample opportunity to be involved in the self-study.
81.0
19.0
12. Faculty had adequate opportunity to review and respond to self-study reports.
81.0
19.0

Figure 54. Ad hoc committee on accreditation agreement/disagreement with accreditation issues.

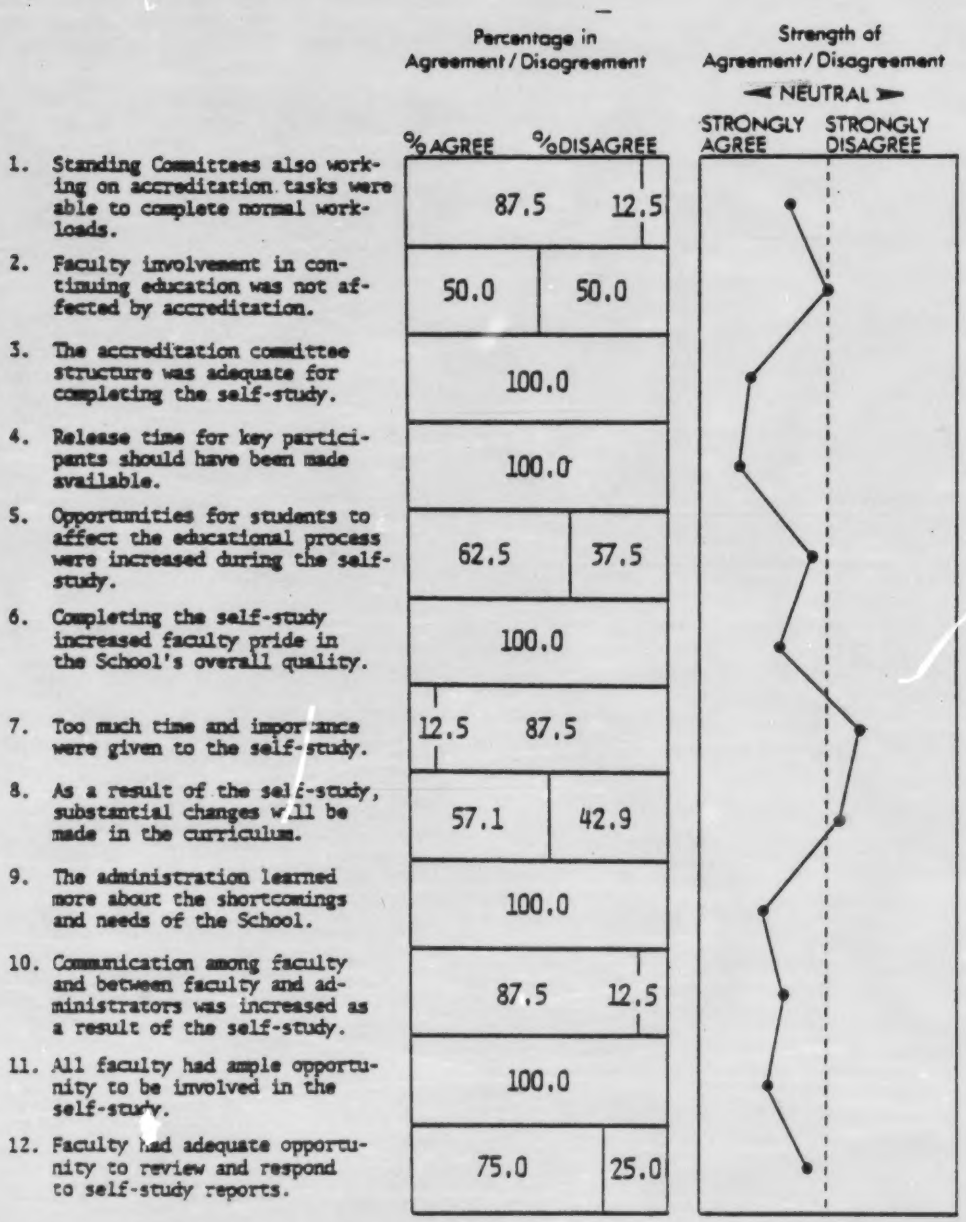

Percentage in Agreement / Disagreement
Strength of Agreement / Disagreement
NEUTRAL
%AGREE
%DISAGREE
STRONGLY AGREE
STRONGLY DISAGREE
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.
87.5
12.5
2. Faculty involvement in continuing education was not affected by accreditation.
50.0
50.0
3. The accreditation committee structure was adequate for completing the self-study.
100.0
4. Release time for key participants should have been made available.
100.0
5. Opportunities for students to affect the educational process were increased during the self-study.
62.5
37.5
6. Completing the self-study increased faculty pride in the School's overall quality.
100.0
7. Too much time and importance were given to the self-study.
12.5
87.5
8. As a result of the self-study, substantial changes will be made in the curriculum.
57.1
42.9
9. The administration learned more about the shortcomings and needs of the School.
100.0
10. Communication among faculty and between faculty and administrators was increased as a result of the self-study.
87.5
12.5
11. All faculty had ample opportunity to be involved in the self-study.
100.0
12. Faculty had adequate opportunity to review and respond to self-study reports.
75.0
25.0

Figure 55. Dental hygiene faculty agreement/disagreement with accreditation issues.

2. Observations

The effectiveness of the self-study structure was evaluated not only through questionnaire results, but also through observations made at formal and informal meetings and conversations with various faculty members.

The procedure used by the Dental School varied from the procedures suggested by the Commission on Accreditation. The time frame was shortened from the suggested 72 weeks to about 40 weeks. In an analysis of time periods, it appears that the three month period for editing and typing was lengthy in comparison to the four months provided for compiling the first draft. However, according to actual time spent by month, much of the work was actually compressed into two months, the last two months before reports were due. While some committees and departments, especially those with more extensive reports, might have used a longer time span, perhaps much of the work would have been delayed to the last two months anyway.

In addition, the length of the review period was due in part to the poor quality of some of the reports. Several departmental reports had to be almost totally rewritten. The volume of reports also required a great deal of reading time before revisions could be discussed.

The major work of the self-study was accomplished through the committee structure. Usually the primary work was performed by individuals outside of committee meetings and later was reviewed by the full membership. This format often led group discussion from substance to trivia, such as punctuation and wording.

Makeup of the committees was also important. The actual information requested in the Self-Study Manual generally could have been provided by a few administrators. However, having a representative group of faculty and administrators evaluating the information sometimes created healthy controversies. The mix of committee viewpoints was a definite strength in most cases. A greater understanding of

problems and issues seemed to emerge from the combined effort of both administrators and faculty.

Other problems arose which are not uncommon to the committee system. Often committee time was spent reading or listening to individual reports which were not available prior to the meeting, as opposed to discussing issues raised by the reports.

Committees often fell into the trap of forgetting the real purpose of the self-study. For example, one department spent a great deal of time describing goals for the accrediting team instead of concentrating on its own goals.

Several problems arose in the functioning of the ad hoc Committee. First of all, the Manual recommends that a small ad hoc Committee oversee the self-study and develop the school-wide recommendations. It is also suggested that the ad hoc Committee members have only limited involvement in the actual self-study. In order to expedite communication, the Dental School chose an ad hoc Committee composed of the Chairmen of the Task Committees, all deans, other junior and senior faculty, and students. The membership totalled 20 faculty and 2 students. A secretary also attended all meetings as recorder.

At the initial ad hoc Committee meetings, time was spent developing the format of the report, including appropriate margins and headings. Discussion of inconsequential revisions in format later obstructed progress at many of the meetings. Because the ad hoc Committee Chairman was also a Task Committee Chairman and did not want to dictate decisions to the group, debate on these issues was tolerated.

On the other hand, the organization of the self-study, including the committee structure and use of Review Subcommittees, facilitated the accomplishment of its primary goal, the involvement of a wide

range of faculty. From the survey, almost three-fourths of the faculty indicated that they participated in at least one of these groups during the year. Only in the preparation of some departmental reports was there a lack of group discussion. From time sheets and self-study methodologies, it is obvious that some departmental reports represented the work of only one or two people and an absence of any real evaluation. This problem, however, was isolated. In most cases, there was a real effort to examine the strengths and weaknesses of the School.

a. Self-Study Manual of the Commission on Accreditation

Many committees had difficulties interpreting questions in the Self-Study Manual. Because the Dental School's organizational structure is complex - with DDS, graduate, Advanced Specialty Education and dental hygiene programs - it was difficult to view questions from all of these vantage points.

The Manual offered few clues or advice about appropriate methodology. In addition, most Task Committee members were unaware of requirements in other sections, thus unnecessary duplication or even omissions resulted. Many questions were unnecessarily ambiguous and far-reaching. Often Committee members had to interpret a question before it could be answered. If every question in the first section, for example, were viewed in the broadest context, there would have been no need for the remaining sections. The Self-Study Manual seemed to be a compilation of individual effort with little comprehensive focus or editing. A conscientious attempt to provide throrough answers to all the questions was made more difficult with this confusion. Although the questions should be comprehensive enough to assist a school in its self-study and the site visit team in its assessment, eliminating repetitious questions would keep committees from duplicating effort and vital information from being lost.

The methodology outlined by the ad hoc Committee for answering the questions might have contributed to some of the confusion. To

ensure that the entire question was answered and to expedite the review process, each question was divided and answered point by point. Long questions, with multiple components, sometimes lost focus by the time the last part was answered.

b. Compiling the Final Report

The final report was composed of a compilation of the the various self-studies. Style and quality varied within each self-study. The review process did generate a minimum level of quality and eliminate individual reports that were unacceptable. Hiring someone from outside the Dental School to edit the document for repetition, style and proper flow was discussed, but not implemented.

Style changes occurred throughout the reports. Some writers tended to be informal, while others were very formal. Some answers were brief and concise, while others were long and wordy. Since style and readability were not the primary objectives in writing the self-study, perhaps the differences are not too important. The report does reflect the Dental School's examination of each of its components.

C. Data Collection

Most of the data used in the self-studies came from surveys designed specifically for accreditation or was compiled to satisfy requirements of specific tables in the Self-Study Manual. Occasionally, data collected for other purposes was utilized in the study of accreditation issues. For example, the campus-wide Faculty Activity Survey and a Dental School study of time allocations were used to analyze faculty contributions in instruction, research and service.

1. Available Data

Accreditation also became the impetus to satisfy prior requests for information. The ad hoc Committee, for example, required all departments to update or complete departmental unit plans in the

appropriate format. In so doing, not only were accreditation requirements met, but also educational instruments developed for the long-range benefit of students and faculty.

Some data requirements were difficult to meet because record keeping procedures did not correspond to the type of information requested. For example, the format for financial data required in the Finance Section necessitated in adjustments in some budget areas. A relatively straight-forward requirement in the Research Section resulted in a time consuming project. In order to determine the amount of grant money requested by Dental School faculty and the dollar amount awarded by year, a committee member had to work with the University budget personnel and each department chairman. Further, the Admissions Committee was unable to utilize available data comparing admission standards with student success because of the difficulty of having the data analyzed.

2. Survey Data

Surveys were used to collect data and attitudinal information from faculty and students. A total of 13 questionnaires were distributed by seven Task Committees: 2 were sent to students; 2 to department chairmen; 1 to chairmen of standing committees; 5 to all faculty; 1 to administrators; 1 to students, faculty and administrators; and 1 to department chairmen, program directors and conjoint sciences coordinators. Response rates ranged from 47 to 100 percent. Usually the questionnaires solicited for opinions or evaluations of programs. Many committees also used informal surveys to obtain specific information from a resource person.

The use of surveys and interviews varied among the committees. Often the questionnaires used ambiguous language or simply lifted wording from the Self-Study Manual. For example, faculty were asked to evaluate on one scale, administration "in terms of function and performance." Factual and attitudinal data was, for the most part available, however it was not always used effectively in evaluations.

Involvement in the Self-Study

Attitudes about student involvement from faculty and student viewpoints were discussed earlier. In this section, faculty assessment of their involvement in the self-study will be discussed, along with observations about the level of involvement of personnel throughout the Dental School.

1. Faculty Impressions

Faculty tended to be positive about the opportunity for their involvement in the self-study (see Figure 56). In every instance, the attitude ratings of faculty groups were above the midpoint. Those with greater involvement seemed to be the most positive. A statistical difference between administrative faculty, who were heavily involved, and nonadministrators was found to be significant at .10. Statistically significant differences also were found between clinical and biological science faculty. Perhaps the smaller size of most basic science departments increased the basic science faculty's sense of involvement.

Faculty were asked to assess involvement both in the development of the self-study reports and in the review phase (see Figures 49 to 55). Slightly more faculty agreed than disagreed that faculty had adequate opportunity to review reports. Statistical differences were not found in the strength of agreement between faculty groups on either issue except in one case, although percentage of agreement /disagreement varied.

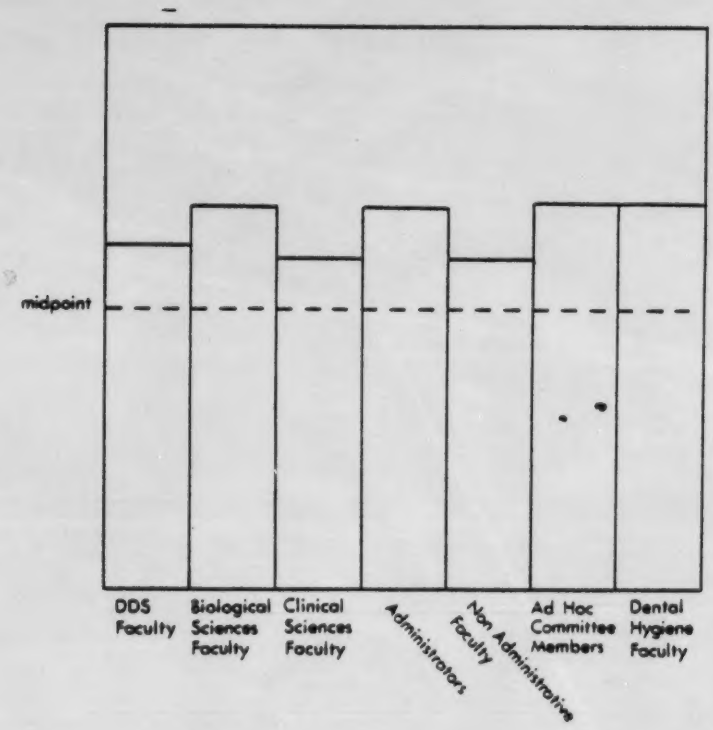


Figure 56. Faculty attitudes toward opportunity for faculty involvement in the self-study.

Statistical differences in the strength of agreement were found between the DDS and DH faculty concerning the extent of faculty involvement in the self-study. Every dental hygiene faculty member polled agreed that the faculty had ample opportunity for involvement, compared to 71 percent of the DDS faculty (see Figures 55 and 49). Responses of the two groups to adequacy of review opportunities were very similar. As noted earlier, faculty were neutral overall to the extent of student involvement (see Figure 29).

Faculty were also asked if they agreed or disagreed that opportunities for students to affect the educational process were increased during the self-study (see Statement 5, Figures 49 to 55). Slightly more than 60 percent of the DDS faculty agreed. No statistically significant differences were found between any of the faculty groups, including DDS and DH faculty.

2. Observations

Membership on the various Task Committees usually included administrators, junior and senior faculty and students. Each of these groups added its own insights to the group. As described earlier, about 70 percent of the faculty indicated that they had served on one of these committees or a Review Subcommittee. In addition, most faculty were involved in compiling departmental self-study reports. If the department chairmen utilized their faculty well, every full-time faculty member would have assisted in at least one area of the self-study, not including time spent responding to questionnaires.

Over 40 percent of the DDS faculty also indicated that they were members of one of the four Review Subcommittees. While this broadened participation, it also increased direct costs. On the other hand, the inclusion of more faculty in the review process may have lowered the hidden costs of faculty dissatisfaction and loss of morale.

In most cases, there seemed to be little student involvement in the accreditation study. About seven percent of the DDS students indicated that they were actively involved. Students were informed that both Task Committee and departmental reports were available for review, and copies of all first drafts were sent to class presidents.

Student members of some of the Task Committees provided significant input, not only participating in committee discussions, but also carrying part of the individual workload. Student input seemed most valuable on the Task Committees representing standing committees of the Faculty Council. Little student involvement, however, was solicited in the preparation of departmental reports.

Students also had access to the accrediting team twice during the site visit. In addition, students were informed that they could author a separate report for the team if they felt that critical student concerns had been omitted.

Mechanism for Change

The benefits of a successful self-study should reach far beyond a positive accreditation rating. If a school has seriously studied its operation, changes should occur to reenforce strengths and eliminate major weaknesses. In the following section, faculty impressions about the likelihood of those changes occurring will be discussed, along with observations of the effects of the self-study.

1. Faculty Impressions

Overall, faculty groups felt neutral about the likelihood of change resulting from the self-study (see Figure 57), with DH faculty being somewhat more positive than DDS faculty. (A statistically significant difference was found between the two groups at .01.) This difference in attitude probably relates to the sizes of the groups. The smaller DH faculty, which had a high level of participation, is more likely to implement recommendations that were developed in the course of the self-study.

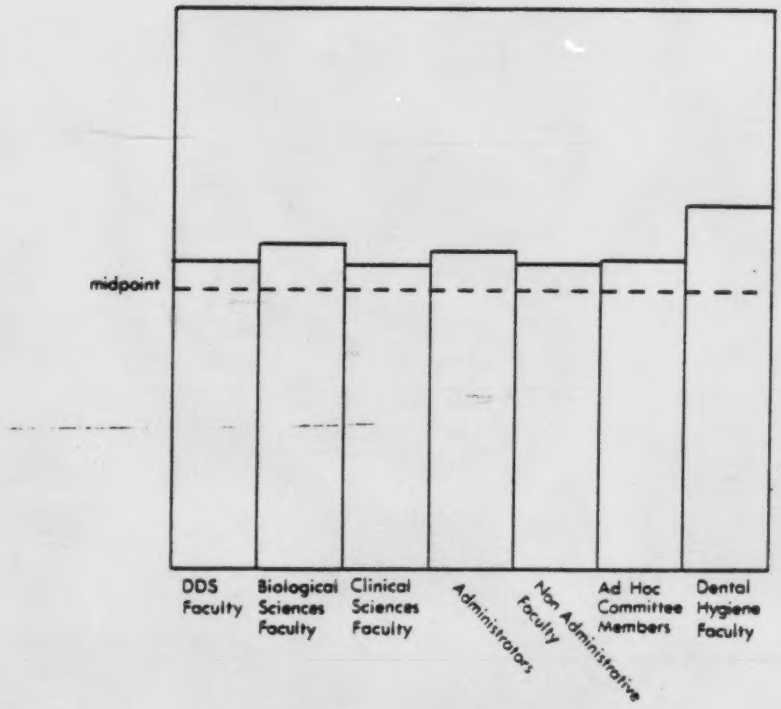


Figure 57. Faculty attitudes toward the likelihood of change resulting from the self-study.

In the discussion of faculty attitudes earlier, neutral to slightly negative feelings were recorded for the DDS faculty's expectation of improvement from the self-study (see Figure 29). Again, DH faculty attitudes were significantly more positive than DDS faculty.

The statements that were combined to obtain the attitude score for likelihood of change included issues on faculty pride in the School, curriculum changes, administrative responsiveness, and increased communication. Over three-quarters of the DDS faculty agreed that administrators learned more about the shortcomings and needs of the School and that communication within the School had increased as a result of the self-study (see Figure 49). However, only about half agreed that the self-study increased faculty pride in the School's quality, and less than half (45 percent) agreed that changes in the curriculum would result from the self-study.

Several statistically significant differences among faculty groups were noted in the four areas (see Appendix DDDD). Dental Hygiene faculty felt much more strongly than DDS faculty that faculty pride had increased during the self-study. There also was a notable discrepancy between the biological and clinical faculty toward expected changes in the curriculum. The biological faculty felt much more strongly that changes would occur.

Administrators felt more strongly than nonadministrators that the administration had learned more about the shortcomings and needs of the School. Dental Hygiene faculty also were in stronger agreement than DDS faculty about the increase of administrators' awareness. Agreement about the effect of the self-study on communication did not vary significantly among faculty groups. (For illustrations of these issues, see Figures 49 to 55).

2. Observations

Before the site team arrived at the Dental School, an effort was underway to deal with recommendations from the Task Committee and departmental reports. Chairmen were asked to provide progress reports on action taken; administrators spent one morning discussing implementation mechanisms for the school-wide recommendations.

Although the faculty felt neutral about the likelihood of change or improvements resulting from the self-study, changes have indeed been made. Whether or not those changes will lead to an improved program remains to be seen. The self-study, however, can be an impetus for change if institutions allow it to be and can direct a School's attention to its major responsibilities.

DISCUSSION

The $200,000 price tag for the 1981 accreditation site visit may seem exorbitant or not, depending on a person's perspective. Many students felt it was a high price to pay, especially since expectations of improvements resulting from accreditation were so low. Most faculty, however, before hearing the results of the self-study, estimated much higher costs. The range of direct costs for the self-study--$160,000 to $180,000--were only 2 1/2 to 3 percent of the total Dental School budget of $6 million for Fiscal Year 1980, when the self-study took place.

Indirect costs also varied according to different perspectives. Overall, the morale of faculty, staff and students was adversely affected only slightly or not at all by the added demands of accreditation. Some students, however, such as those associated with the smaller Accelerated Professional Training Program, felt that the demands of accreditation reduced faculty accessibility and the quality of instruction. Several faculty also indicated that accreditation intruded into their normal responsibilities, especially research time. In addition, departmental secretaries felt that the School and/or the departmental faculty made unrealistic demands on their time. Balancing the negative attitudes, however, were positive reactions resulting from the involvement of students, faculty and staff in the self-study.

Preparing for Future Site Visits

In analyzing both the direct and indirect costs of accreditation at the Dental School, several factors should be considered in preparing for future self-studies and site visits, most notably the involvement of faculty and students in the accreditation process, and the design of the self-study.

1. Use of Manpower

The average faculty member at the Dental School worked the equivalent of 1 1/2 to 2 weeks during the entire accreditation period

from the beginning of the self-study in 1979 to the site visit in 1981. However, average figures can be misleading. Time spent by individual faculty during the self-study alone ranged from 30 minutes to about 300 hours. Administrators and department chairmen were likely to spend three to four times more hours than nonadministrative faculty.

In setting up a self-study plan of organization, it may be obvious that some faculty have significantly more responsibilities than others. Alterations of the overall guidelines or granting of release time should be considered for these individuals. About three-fourths of the faculty agreed that release time should have been available for key participants.

Careful attention also should be paid to the accreditation assignments of faculty from smaller programs or departments. The small size of the core APT faculty left too little manpower to satisfy both normal and accreditation responsibilities, resulting in student resentment and faculty fatigue. The temporary, part-time assignment of faculty from other areas or the reduction of APT faculty involvement in accreditation might have averted these negative feelings.

The flow of work also should be considered in the plan of organization. Since the last month before reports are due is always likely to be the busiest, it would be best to have it coincide with a less active period in School. For example, the high activity accreditation month should not be the same month that budgets are due. Some consideration should also be given to support staff workloads.

2. Student Involvement

Most students felt a need for greater involvement in accreditation activities, although few availed themselves of broad invitations to participate. Except for student members of the ad hoc Committee on Accreditation and of standing committees serving as Task Committees,

student involvement was only peripheral. Only seven percent of the student body actively participated on a committee.

During the development of the self-study reports, student members of Task Committees often contributed important insight. However, for the most part, student viewpoints in departmental reports were lacking, although most departments issued a general invitation for students to comment on departmental activities. If student input is important, the key to greater involvement appears to be structure. Students are not likely to take the initiative to respond individually to broad invitations, but may accept more clearly defined responsibilities. The student survey also showed that students who were actively involved in the self-study were much more likely to have positive attitudes about accreditation and its impact on the School.

3. Plan of Organization

Basically, the Dental School followed the suggested plan for the pre-site visit activities recommended in the Self-Study Manual, with two major exceptions. First, the overall time frame for the self-study was shortened, with less time for the compilation of the reports, but with more time for review. Second, membership on the ad hoc Committee on Accreditation was expanded from a suggested small group to include 20 faculty and two students.

The shorter time frame used by the Dental School did not seem to affect the final self-study report and resulting recommendations. The time totals by month indicate that much of the work would have been done in the final weeks no matter how long the time allotted.

The size of the ad hoc Committee was somewhat unwieldly to manage, resulting in occasional trivial discussions and waning of interest toward the final days of the self-study. A smaller group probably would have been more efficient, although there would have been a trade-off in decreased communication. In addition, the high cost of ad hoc Committee meetings and activities should not be over

looked. A faculty membership of six to eight instead of 20 would have resulted in significant savings.

The Self-Study Manual also recommends "an appropriate staff person assigned to process factual and statistical information," and editor(s) to be "responsible for preparing and editing the final self-study report." The Dental School chose not to designate any specific staff or faculty member to collect data or serve as editor. The inefficient use of faculty to collect data might have balanced out any salary costs for a statistician.

The editing function was the responsibility of the ad hoc Committee, presided over by the chairman. The use of an editor from the outset of the self-study might have alleviated the need for extensive revisions in many of the departmental reports. It might have been possible to combine the roles of statistician and editor into one position. The individual charged with this responsibility could have advised committee members about data needs and availability while helping them compile well-documented and substantiated reports.

Membership of the Task Committees for the most part included junior and senior faculty and students. Only one committee was limited to administrators. While that committee proved to be efficient, the lack of faculty and student representation probably narrowed its scope and reduced the side benefit of greater faculty and student awareness. Many departments also approached the self-study from an individual standpoint as opposed to using group dynamics. Reports were written by one or more individuals, then circulated to department members for comments.

One area not addressed in the Self-Study Manual is the communication with and use of secretarial support. A meeting of all secretaries with the chairman of the ad hoc Committee prior to the initial typing might have reduced the confusion and increased morale of the secretaries. A more equitable assignment of the typing workload among all secretaries also might have led to less resentment.

Information Requirements for Accreditation

To meet the information requirements of the Commission on Accreditation, the Dental School spent over 12,000 hours evaluating programs, collecting data, and compiling course outlines. The cost of that information collection was over $200,000. Although the study was beneficial, the costs, both direct and indirect, have implications for the accrediting process as it matures.

Because the self-study is a relatively new part of the accrediting process, changes are to be expected. There will be pressure from additional sectors looking for increased credibility. However, each increase has costs, both in time and in morale. The addition of two new sections at the end of the self-study increased direct costs by over $1,500. At some point, increased requirements may shift the morale of the faculty from its relatively high level to feelings of discouragement and frustration. The value of each additional requirement to the site visit team must be weighed against the costs.

Another factor to be considered is the clarity and usefulness of the Self-Study Manual. Many faculty were confused and frustrated with the repetitious nature of the Manual. The interpretation of questions was a problem, with little guidance from the Accreditation Association to assist faculty. Questions were occasionally ambiguous, and in several cases did not seem to make sense. Too much time was spent arriving at consensus on interpretation. Several faculty also felt that many of the questions in the Self-Study Manual lacked purpose.

Usefulness of Accreditation to the Dental School

Although this research study did not attempt to measure the benefits of accreditation, it would be remiss not to mention some of the positive aspects of the process. For example, the self-study, especially the major recommendations, were the focus of a faculty retreat where priorities and goals for the future were discussed.

Several recommendations have already been accomplished while work on others is underway. Where the operation or value of programs were questioned, extensive reviews were undertaken. A plan for studying the total curriculum has also been developed. Several departments have held special retreats to deal with problems identified in the self-study. A Director for Conjoint Science was appointed in response to criticism of that program.

Finally, the completion of the self-study and preparation for the site visit resulted in a well informed faculty and student body. The level of involvement of both groups in the functioning of the Dental School has rarely been higher.

Conclusion

Because of the difficulty of putting dollar signs on benefits of accreditation, it is difficult to ascertain if the $200,000 price tag was justified. The role accreditation plays in maintaining quality and professional standards cannot be overlooked. Both the public and the profession rely on outside agencies such as the Commission on Accreditation to establish and affirm minimum standards.

The accrediting process also provides a good mechanism for reevaluation, planning, and goal setting. Although quality programs and schools do not depend solely on outside reviews every seven years, the mechanism can be a useful part of on-going evaluation efforts.

The question still to be answered is: when do the costs exceed the benefits? Is the $200,000 direct cost, plus those indirect costs identified, too excessive? If not, what is an excessive cost? These questions, among others, should be considered when changes or additions to the present process are contemplated. The costs, both indirect and direct, to the University of Maryland Dental School seem to be in balance with the benefits. However, a decrease in the time between site visits or an increase in requirements may tip the scales disproportionately, especially in the area of non-monetary costs.

This research study hopefully has shown to dental schools facing accreditation and the Commission responsible for carrying it out, that costs are real and should be carefully considered in the planning stages. Because accreditation does draw resources away from other areas of operation, the process should be efficient in its continuing effort to maintain professional standards and foster excellence.

REFERENCES

Boyd, W. L. "Trends in Accreditation and Education." J. Dental Education. 43(2): 86-91, 1979.

Brown, D. G. "Taking Advantage of External Evaluation." New Directions for Institutional Research. 1(2): 81-93, 1974.

Cage, R. N., Grove, L., Austin, T., and Holloway, D. "School Self-Study and Accreditation--The Intangible Benefits and Hidden Costs." Paper presented at the Annual Meeting of the American Educational Research Association, Boston, May, 1980. 44 pages.

Carnegie Council on Policy Studies in Higher Education. Three Thousand Futures: The Next 20 Years for Higher Education. San Francisco: Jossey-Bass, Inc., 1980.

Dickey, F. The Social Value of Professional Accreditation. J. Am. Med.Assn., 213: 591-593, 1970; Selden.

Kelly, F. J. Influence of Standardizing Agencies in Education. Saint Paul, Minn.: University of Minn., 1928.

Macpherson, C.R. "Validity and Cost of Self-Study in Accreditation of Medical Laboratory Science Education Programs." J. of Higher Education. 50(2): 211-218, 1979.

Mellinkoff, S. M. and Arthur, R. J. "Medical Educational Institutions," in Evaluation in Medical Education-Past, Present, Future. Edited by T. Samph and B. Templeton. Cambridge: Ballinger Publishing Company, pp. 39-82, 1979.

Santangelo, M. V. A Review of Dental School Accreditation: Development and Current Philosophy. J. Dental Education. 41: 233-238, 1977.

Selden, W. K. and Porter, Mary V. Accreditation: Its Purposes and Uses. Washington, D.C.: The Council on Postsecondary Accreditation, 1977.

Trivett, D. A. Accreditation and Institutional Eligibility. Washington, D.C.: American Assn. for Higher Education, 1976.

Warren, J. R. Is Accrediting Worth the Cost? AAHE Bulletin, 32(7): 11-13, 1980.

Wiley, M. G. and Zald, M. N. The Growth and Transformation of Educational Accreditation Agencies: An Exploratory Study in Social Control of Institutions. Sociology of Education, 5:36-55, 1968.

Young, K. E. Commentary. AAHE Bulletin. 32(7): 14-15, 1980.

APPENDIXES

APPENDIX A

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____ DEPT: _____

DATE	DESCRIPTION OF TASK																				
	Ad Hoc	Administration	Admissions	Facilities	Finances	Faculty	Curriculum	Basic Sciences	Clinical Sciences	Behav. Sciences	Patient Care	Extramural	Hospital Relations	Library	Research	Adv. Spec. Ed.	Dental Hygiene	APT	Other
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			

Return to: Dorothy Linthicum, CAP Director. Room 5-A-28. x6486

APPENDIX B

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____ DEPT: _____

DATE	DESCRIPTION OF TASK																			
	Ad Hoc	Administration	Admissions	Facilities	Finances	Faculty	Curriculum	Basic Sciences	Clinical Sciences	Behav. Sciences	Patient Care	Extramural	Hospital Relations	Library	Research	Adv. Spec. Ed.	Dental Hygiene	APT	Other
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			

Return to: Dorothy Linthicum, CAP Director, Room 5-A-28, x6486

ACCREDITATION COST ASSESSMENT PROGRAM

DUPLICATION REPORT

NAME: _____

DATE	# OF PAGES	# OF COPIES	FRONT & BACK	TIME SPENT	TYPE OF COPIER	TITLE OF DOCUMENT	. .

RETURN TO: DOROTHY LINTHICUM, CAP DIRECTOR, Room 3-A-28, x6486

APPENDIX C

First Dental College in the World

Office of the Dean
(301-328-7410)

Baltimore College of Dental Surgery
Dental School
University of Maryland at Baltimore
666 W. Baltimore Street, Baltimore, Maryland 21201

MEMORANDUM

TO: All Faculty

FROM: Errol L. Reese

DATE: November 7, 1979

RE: Cost Assessment Program Time Records

During the accreditation process, the Cost Assessment Program (CAP) will be collecting information about the costs of accreditation to faculty, students and the institution. Much has been said about the burdens of increased paperwork and the resulting shift of emphasis from teaching to administrative tasks. By knowing the true costs of different phases of the accreditation process, the benefits may be better understood. It is possible that the costs of certain requirements may be greater than the benefits or much less than anticipated.

Cooperation from faculty and staff will be critical for the cost analysis. From now until April all faculty will receive monthly reports to record time spent on accreditation activities other than committee meetings.

The time report has a line for each day of the month. The amount of time spent should be indicated in the proper category. Time spent in committee meetings will be recorded in the minutes of the meeting. Be sure to include time spent completing surveys and questionnaires, doing outside committee work, covering assignments for colleagues, etc. The reports should be returned to Dorothy Linthicum, CAP Director, at the end of each month. (A sample time record is attached.)

If you have any questions about CAP, please call Ms. Linthicum's office at x6486. Thank you for your assistance in collecting this data.

ELR/mgw

SAMPLE TIME RECORD

Dr. Don Dentist is a member of an accreditation task committee and a clinical departmental chairman. On Nov. 1 he attended a meeting of the task committee (2 hrs.) and prepared material on accreditation to present to his department (1-1/2 hrs.). On Nov. 1 he completed a survey for the faculty accreditation task committee (30 min.) and covered one hour of clinic for a colleague who attended an ad hoc committee meeting. His time sheet would look like this:

NOVEMBER

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____ DEPT: _____

DESCRIPTION OF TASK

DATE	Ad Hoc	Administration	Admissions	Facilities	Finances	Faculty	Curriculum	Basic Sciences	Clinical Sciences	Behav. Sciences	Patient Care	Extramural	Hospital Relations	Library	Research	Adv. Spec. Ed.	Dental Hygiene	APT	Other
1									1½ hrs										
2						30 min													1 hr
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

APPENDIX D

DECEMBER

DENTAL HYGIENE

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	INDIVIDUAL WORK	TYPE OF ACTIVITY

APPENDIX E

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO: Members of Ad Hoc Subcommittees on Accreditation

FROM: Dorothy Linthicum DL

DATE: March 3, 1980

RE: CAP TIME REPORTS

The attached form is for recording time spent reviewing drafts of the Accreditation Self-Study. Please indicate the date the work was done, how long it took, and whether the time was spent at a committee meeting or individually. The form should be returned to me at the end of March.

Thank you for your assistance.

DL/mgw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

SELF-STUDY REVIEW

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____ DEPARTMENT: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	INDIVIDUAL WORK	TYPE OF ACTIVITY

APPENDIX F

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

TO: All Faculty

FROM: Dorothy Linthicum, CAP Director

DATE: October 13, 1980

RE: CAP Time Reports

Attached is a time report for you to record time spent on accreditation activities through December. At the Faculty Retreat, several faculty indicated that significant time was being spent gathering materials and preparing displays for the January site visit. It is important that these costs be included.

Please return this report in January. Thank you for your continuing support of the CAP project.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

PRE-SITE-VISIT ACTIVITIES

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	(CHECK ONE) INDIVIDUAL WORK	TYPE OF ACTIVITY

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

TO: All Secretaries

FROM: Dorothy Linthicum, CAP Director

DATE: October 13, 1980

RE: CAP Time Reports

Attached is a time report for you to record time spent on accreditation activities through December. This includes time you spend gathering materials and preparing displays for the January site visit. Also, please record any duplicating done during this time on the back of the time report.

The results of the CAP questionnaire you answered recently have been tallied and are being compared to faculty and student responses. If you would like to ask any questions about the questionnaire and the results, please call.

Please return this report in January. Thank you for your continuing support of the CAP project.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

PRE-SITE VISIT ACTIVITIES

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	INDIVIDUAL WORK	TYPE OF ACTIVITY

Return to: Dorothy Matthiesen, CAP Director, Room 5-A-28, x6486

ACCREDITATION COST ASSESSMENT PROGRAM

DUPLICATION REPORT

NAME: _____

DATE	# OF PAGES	# OF COPIES	FRONT & BACK	TIME SPENT	TYPE OF COPIER	TITLE OF DOCUMENT	

RETURN TO: DOROTHY LINTHICUM, CAP DIRECTOR, Room 5-A-28, x6486

APPENDIX H

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

TO: All Faculty

FROM: Dorothy Linthicum D.L.

DATE: January 5, 1981

RE: CAP TIME REPORTS

Attached is a time report for you to record time spent on accreditation activities during January. Please include time spent with the site team at formal or informal meetings. Any time you spent from October to December preparing for the site visit should be recorded on the form distributed October 13 and returned to the CAP office.

Please return this report at the end of January to enable us to finalize the cost estimates. Thank you for your continued support.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

JANUARY 1981

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	INDIVIDUAL WORK	TYPE OF ACTIVITY

Return to: Dorothy Linthicum, CAP Director, Room 5-A-28, x6486

APPENDIX I

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

TO: All Secretaries

FROM: Dorothy Linthicum D.L.

DATE: January 5, 1981

RE: CAP TIME REPORTS

Attached is a time report for you to record time spent on accreditation activities during January. Any time you spent from October to December preparing for the site visit should be recorded on the form distributed October 13 and returned to the CAP office.

Please return this report at the end of January to enable us to finalize the cost estimates. Thank you for your continued support.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6485

JANUARY 1981

ACCREDITATION INDIVIDUAL TIME REPORT

NAME: _____

DATE	TIME SPENT	(CHECK ONE) COMMITTEE MEETING	INDIVIDUAL WORK	TYPE OF ACTIVITY

ACCREDITATION COST ASSESSMENT PROGRAM

DUPLICATION REPORT

NAME: _____

DATE	# OF PAGES	# OF COPIES	FRONT & BACK	TIME SPENT	LOCATION OF COPIER	TITLE OF DOCUMENT	

RETURN TO: DOROTHY LINTHICUM, CAP DIRECTOR, Room 5-A-28, x6486

APPENDIX J

DENTAL SCHOOL ACCREDITATION
COST ASSESSMENT PROGRAM
COMMITTEE MEETINGS

Name of Committee: _____ TASK: _____

Meeting Date: _____ TIME: _____ TO _____

CHAIRMAN: _____

MEMBERS PRESENT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUPPORT STAFF: _____

RETURN TO: DOROTHY LINTHICUM, CAP DIRECTOR, Room 5-A-28, x6486

APPENDIX K

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO: Department Chairmen

FROM: Dorothy Linchicum D.L

DATE: January 27, 1981

RE: CAP Time Records

Please remind your faculty to return all time records for the Accreditation Cost Assessment Program. Final costs will be tabulated in the next few weeks, and it is important that time costs of the site visit be included.

Thank you for your continued support.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

APPENDIX L

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

DATE:

TO:

FROM: Dorothy Linthicum DL

RE: Cost Assessment Program Time Reports

Our records indicate you have not submitted a time report for the Accreditation Cost Assessment Program for To measure the impact of accreditation activities at The Dental School, we need a reasonable estimate of the amount of time spent by each individual. If you need another time keeping form or have any questions, please call x6486.

Thank you for taking time to give us this information.

DL/mgw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

APPENDIX M

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO: Dr.

FROM: Dorothy Linthicum DL

DATE: February 25, 1980

RE: TIME REPORTS

We have not received time reports from the following full-time faculty for the months indicated:

November, December and January	January

I would appreciate your help in getting time estimates from these faculty.

DL/mgw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

APPENDIX N

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO:

FROM: Dorothy Linthicum/D.L.

DATE: July 16, 1980

RE: Cap Time Reports

Our records indicate you were actively involved in the review process of the accreditation self study reports. However, we have not received time reports for March and April, although you attended meetings during that time. It would be helpful if you could estimate the amount of time you spent outside of committee meetings during these months reviewing the self study reports.

Thank you for your assistance.

DL/mw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO:

FROM: Dorothy Linthicum
CAP Director

DATE: December 10, 1979

RE: Accreditation Cost Assessment Program

During this next year, the Dental School will be assessing the costs, both quantitative and qualitative, of the accreditation process. A major consideration will be contributions made from University personnel outside the Dental School.

It would be helpful if you could provide an estimate of the amount of time you and your staff spend collecting data and answering questions for the Dental School Self Study. I will have a record of the meetings you attend from the minutes. I have attached several forms for November and December for you and anyone who has assisted you, including support staff. Please indicate how much time was spent next to the date, and check the appropriate block to the right. I would appreciate a rough estimate of time you spent in November and December.

Please do not spend an inordinate amount of time filling out these forms; the final total will only be an estimate, but as close to reality as we can make it. If you have any questions, please call me. Thanks for your help.

DL/mgw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

ACCREDITATION INDIVIDUAL TIME REPORT

DATE	TIME SPENT	(CHECK ONE) DENTAL EDUCATION	DENTAL HYGIENE	SPECIALTY EDUCATION

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

MEMORANDUM

TO: Student Committee Members

FROM: Dorothy Linthicum

DATE: November 26, 1979

RE: Cost Assessment Program Time Records

During the accreditation process, the Cost Assessment Program (CAP) will be collecting information about the costs of accreditation to faculty, students and the institution. Much has been said about the burdens of increased paperwork and the resulting shift of emphasis from teaching to administrative tasks. By knowing the true costs of different phases of the accreditation process, the benefits may be better understood. It is possible that the costs of certain requirements may be greater than the benefits or much less than anticipated.

One of the costs is student time. With your cooperation we will be estimating the amount of time students contributed to the self study process. From now until March student committee members will receive monthly calenders to record time spent on accreditation activities other than committee meetings. Time spent in meetings will be recorded in the minutes. Time spent in subcommittee meetings or other outside work should be recorded in the proper block. Calenders whould be returned to Dorothy Linthicum, CAP Director, at the end of each month.

If you have any questions about CAP, please call Ms. Linthicum;s office at x6486. Thank you for your assistance in collecting this data.

DL/mgw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

ACCREDITATION COST ASSESSMENT PROGRAM

NAME: _____

MONTH: NOVEMBER

COMMITTEE: _____

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

ACCREDITATION COST ASSESSMENT PROGRAM

STUDENT QUESTIONNAIRE

1. Please check the appropriate category:

DENTAL STUDENTS	APT	DENTAL HYGIENE STUDENTS
_____Year 1	_____Year 1	_____Year 3
_____Year 2	_____Year 2	_____Year 4
_____Year 3	_____Year 3	
_____Year 4		

2. Did you know the Dental School has been involved in a self study in preparation for the 1981 accreditation visit by the American Dental Association Commission on Accreditation?

_____Yes
_____No If no, do not continue. Thank you for taking time to fill out this questionnaire.

3. Did you serve on a task committee or ad hoc subcommittee for the accreditation self study?

_____Yes
_____No

4. Did students have opportunities to be involved in the accreditation self study during the formation of the report (November-February)?

(Circle one)

0 — 1 — 2 — 3

Not at all Some A Fair Amount A Great Deal

5. Should more students have been involved in the different stages of the self study?

_____Yes
_____No

6. Did you have an opportunity to review and respond to <u>departmental</u> reports?

_____Yes
_____No If no, go to #7.

If yes, how responsive were departmental reports to student concerns?

(Circle one)

0 — 1 — 2 — 3

Not at all Some A Fair Amount A Great Deal

7. Did you have an opportunity to review and respond to task force reports (i.e. curriculum, admissions, research, etc.)?

_____Yes
_____No If no, go to #8.

If yes, how responsive were task force reports to student concerns?

(Circle one)

0	1	2	3
Not at all	Some	A Fair Amount	A Great Deal

8. Did faculty involvement in the self study limit faculty accessibility to students?

(Circle one)

0	1	2	3
Not at all	Some	A Fair Amount	A Great Deal

9. Was the quality of instruction in the classroom, laboratory, or clinic affected by the self study?

(Circle one)

0	1	2	3
Not at all	Some	A Fair Amount	A Great Deal

10. Do you think too little time was spent on the accreditation self study?

_____Yes
_____No

11. Do you think the self study will result in improvements in the overall operation of the Dental School?

(Circle one)

0	1	2	3
Not at all	Some	A Fair Amount	A Great Deal

12. Additional Comments:

ACCREDITATION COST ASSESSMENT PROGRAM

FACULTY QUESTIONNAIRE

I. Please check the appropriate category under each heading:

Department Assignment

____Clinical Sciences
____Biological Sciences
____Dental Hygiene

Employment Status

____Full-time
____Part-time

Classification

____Dean (Including Associate and Assistant)
____Department Chairman (Including BDS, APT Directors)
____Non-administrative Faculty
____Associate Staff

1. Were you a member of the ad hoc Committee on Accreditation?

____Yes
____No

2. Were you a member of an accreditation self study committee outside your department?

____Yes
____No

3. Were you a member of one of the ad hoc subcommittees to review accreditation self study reports?

____Yes
____No

II. 1. Do you think too little time was spent on the accreditation self study?

____Yes
____No

2. Did faculty involvement in the self study limit faculty accessibility to students?

____Not at all
____Some
____A Fair Amount
____A Great Deal

(over)

3. Did your involvement in the self study limit your accessibility to students?

____Not at all
____Some
____A Fair Amount
____A Great Deal

4. Was the overall quality of instruction in the classroom, laboratory or clinic affected by the self study?

____Not at all
____Some
____A Fair Amount
____A Great Deal

5. Was the quality of your instruction in the classroom, laboratory or clinic affected by the self study?

____Not at all
____Some
____A Fair Amount
____A Great Deal

6. Did accreditation affect the amount of time available for research activities?

____Not at all
____Some
____A Fair Amount
____A Great Deal

7. Did accreditation affect the amount of time you had available for research activities?

____Not at all
____Some
____A Fair Amount
____A Great Deal

8. Did faculty have less time for service activities?

____Not at all
____Some
____A Fair Amount
____A Great Deal

9. Did you have less time for service activities?

____Not at all
____Some
____A Fair Amount
____A Great Deal

10. Of the three areas of faculty responsibility--instruction, research and service--which area was most affected during the accreditation self study?

____Instruction
____Research
____Service
____None were affected significantly

11. Of your areas of responsibility in instruction, research and service, which area was most affected during the accreditation self study?

____Instruction
____Research
____Service
____None were affected significantly

12. Did students have opportunities to be involved in each phase of the accreditation self study?

____Not at all
____Some
____A Fair Amount
____A Great Deal

13. Do you think the self study will result in improvements in the overall operation of the Dental School?

____Not at all
____Some
____A Fair Amount
____A Great Deal

III. Please check the response that most closely describes your feelings about the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Standing Committees also working on accreditation tasks were able to complete normal workloads.	____	____	____	____
2. Faculty involvement in continuing education was not affected by accreditation.	____	____	____	____
3. The accreditation committee structure was adequate for completing the self study.	____	____	____	____

(over)

	Strongly Agree	Agree	Disagree	Strongly Disagree
4. Release time for key participants should have been made available.	____	____	____	____
5. Opportunities for students to affect the educational process was increased during the self study.	____	____	____	____
6. Completing the self study increased faculty pride in the School's overall quality.	____	____	____	____
7. Too much time and importance were given to the self study.	____	____	____	____
8. As a result of the self study, substantial changes will be made in the curriculum	____	____	____	____
9. The administration learned more about the shortcomings and needs of the School.	____	____	____	____
10. Communication among faculty and between faculty and administrators was increased as a result of the self study.	____	____	____	____
11. All faculty had ample opportunity to be involved in the self study.	____	____	____	____
12. Faculty had adequate opportunity to review and respond to self study reports.	____	____	____	____

Additional Comments:

THANK YOU!

APPENDIX S

ACCREDITATION COST ASSESSMENT PROGRAM
POSTGRADUATE
STUDENT QUESTIONNAIRE

1. Please check the appropriate category:

_____Endodontics
_____Oral and Maxillofacial Surgery
_____Oral Pathology
_____Orthodontics
_____Pedodontics
_____Periodontics
_____Prosthodontics

2. Did you know the Dental School has been involved in a self study in preparation for the 1981 accreditation visit by the American Dental Association Commission on Accreditation?

_____Yes
_____No If no, do not continue. Thank you for taking time to fill out this questionnaire.

3. Did you serve on a task committee or ad hoc subcommittee for the accreditation self study?

_____Yes
_____No

4. Did students have opportunities to be involved in the accreditation self study during the formation of the report (November-February)?

(Circle one)

0 — 1 — 2 — 3

Not at all Some A Fair Amount A Great Deal

5. Should more students have been involved in the different stages of the self study?

_____Yes
_____No

6. Did you have an opportunity to review and respond to <u>departmental</u> reports?

_____Yes
_____No If no, go to #7.

If yes, how responsive were departmental reports to student concerns?

(Circle one)

0 — 1 — 2 — 3

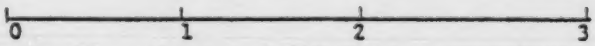
Not at all Some A Fair Amount A Great Deal

7. Did you have an opportunity to review and respond to task force reports (i.e. curriculum, admissions, research, etc.)?

_____Yes
_____No If no, go to #8.

If yes, how responsive were task force reports to student concerns?

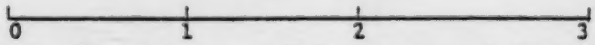
(Circle one)



Not at all Some A Fair Amount A Great Deal

8. Did faculty involvement in the self study limit faculty accessibility to students?

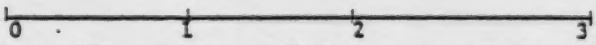
(Circle one)



Not at all Some A Fair Amount A Great Deal

9. Was the quality of instruction in the classroom, laboratory, or clinic affected by the self study?

(Circle one)



Not at all Some A Fair Amount A Great Deal

10. Do you think too little time was spent on the accreditation self study?

_____Yes
_____No

11. Do you think the self study will result in improvements in the overall operation of the Dental School?

(Circle one)

Not at all Some A Fair Amount A Great Deal

12. Additional Comments:

APPENDIX T

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO: Secretarial Staff

FROM: Dorothy Linthicum

DATE: October 1, 1980

RE: CAP

Attached is a questionnaire to find out your feelings about the accreditation study the School undertook last year. I would appreciate your answering the questions and returning the form to me as soon as possible. Answers will be confidential; the questionnaires are not precoded in any way, and it is not necessary to identify yourself on the form. Students answered similar questions last May, and the faculty will be given questionnaires at the retreat this week. The results from all three groups will be used to help us determine the indirect or nonmonetary costs of accreditation.

I appreciate your help throughout the past year in keeping track of time spent on accreditation. A significant proportion of the total time spent came from the secretarial staff. It would be helpful if you would also let me know of any time you spend in the next few months on accreditation.

Thanks again for your cooperation in helping the School determine the costs of accreditation.

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

ACCREDITATION COST ASSESSMENT PROGRAM

SECRETARIAL STAFF QUESTIONNAIRE

1. Please check the appropriate category:

   Department Assignment

   _____Clinical Sciences
   _____Biological Sciences
   _____Other (Dean's Office, Dental Hygiene, etc.)

2. Do you think too little time was spent by the Dental School on the accreditation self study?

   _____Yes
   _____No

3. Did faculty involvement in the self study limit faculty accessibility to students?

   _____Not at all
   _____Some
   _____A Fair Amount
   _____A Great Deal

4. Do you think the self study will result in improvements in the overall operation of the Dental School?

   _____Not at all
   _____Some
   _____A Fair Amount
   _____A Great Deal

5. Did accreditation interfere with your regular responsibilities?

   _____Not at all
   _____Some
   _____A Fair Amount
   _____A Great Deal

6. Below are listed general areas of responsibility. If you feel the self study affected your ability to complete tasks in two or more areas, please indicate so by ranking the affected areas. (1-most affected, 2-somewhat affected, etc.) If your work was affected in only one area or not affected at all, check the appropriate answer.

   _____Typing and preparing instruction-related materials (lesson plans, tests, etc.)
   _____Typing and preparing research-related materials
   _____Typing and preparing service-related materials (standing committee work, etc.)
   _____Other (please specify:_____)
   _____No area was affected significantly

(over)

II. Please check the response that most closely describes your feelings about the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The accreditation self study was worth the extra work.	____	____	____	____
2. The faculty in my department (or program or office) had little sympathy for my increased workload.	____	____	____	____
3. The school in general had little sympathy for my increased workload.	____	____	____	____
4. Adjustments in my routine work were made to allow time for preparing accreditation-related materials.	____	____	____	____

Additional Comments:

Please Return to Dorothy Linthicum, CAP Director, Room 5-A-28, HHH, x6486

APPENDIX U

BALTIMORE COLLEGE of DENTAL SURGERY
DENTAL SCHOOL
UNIVERSITY OF MARYLAND

ACCREDITATION
COST ASSESSMENT PROGRAM

M E M O R A N D U M

TO: Dr. Morganstein

FROM: Dorothy Linthicum DL

DATE: May 19, 1980

RE: University Relationship and Program Administration Questionnaire

---

In the methodology section of the Accreditation Self Study, reference was made to a survey sent out by your committee or department. In measuring the costs of accreditation, it would be helpful to know what kind of data was needed and how it was collected. Could you send me a copy of the survey you distributed and indicate how many were sent and how many were returned?

Thank you for your assistance.

DL/mw

666 West Baltimore St., Baltimore, Maryland 21201 301-528-6486

APPENDIX V

Direct Costs of Planning for the Dental School Self-Study in August and September

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	$1,184.13	$418.32	$1,602.45
ACADEMIC AFFAIRS	-	194.24	194.24
CLINIC AFFAIRS	-	195.84	195.84
ADMISSIONS	-	148.16	148.16
STUDENT AFFAIRS	-	-	-
EXTRAMURAL TRAINING PROGRAM	-	-	-
BASIC DENTAL SCIENCE	-	-	-
CONTINUING EDUCATION	-	178.56	178.56
ANATOMY	-	-	-
BIOCHEMISTRY	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	-	-	-
MICROBIOLOGY	-	-	-
PHARMACOLOGY	-	-	-
PHYSIOLOGY	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	-	192.80	192.80
ENDODONTICS	-	-	-
FIXED RESTORATIVE	-	-	-
ORAL DIAGNOSIS	-	-	-
ORAL HEALTH CARE DELIVERY	-	-	-
ORAL PATHOLOGY	-	-	-
ORAL SURGERY	-	-	-
ORTHODONTICS	-	-	-
PEDIATRICS	-	-	-
PERIODONTICS	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	191.20	155.70	346.90
ADVANCED SPECIALTY EDUCATION	-	-	-
DENTAL HYGIENE	49.80	-	49.80
TOTAL	$1,425.13	$1,483.62	$2,908.75

Direct Costs of Preparing for the Dental School Self-Study in October

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	761.80	568.83	1,330.63
ACADEMIC AFFAIRS	784.23	365.18	1,149.41
CLINIC AFFAIRS	269.28	420.24	689.52
ADMISSIONS	-	226.87	226.87
STUDENT AFFAIRS	94.05	206.91	300.96
EXTRAMURAL TRAINING PROGRAM	-	145.55	145.55
BASIC DENTAL SCIENCE	31.70	304.52	336.22
CONTINUING EDUCATION	-	111.60	111.60
ANATOMY	-	353.22	353.22
BIOCHEMISTRY	-	52.36	52.36
EDUCATIONAL & INSTRUCTIONAL RES.	36.80	286.31	323.11
MICROBIOLOGY	-	122.16	122.16
PHARMACOLOGY	-	317.15	317.15
PHYSIOLOGY	-	90.55	90.55
BIOLOGICAL SCIENCES ASSISTANT DEAN	407.69	259.09	666.78
ENDODONTICS	-	321.53	321.53
FIXED RESTORATIVE	-	478.86	478.86
ORAL DIAGNOSIS	86.20	996.66	1,082.86
ORAL HEALTH CARE DELIVERY	101.85	783.76	885.61
ORAL PATHOLOGY	-	226.48	226.48
ORAL SURGERY	-	277.35	277.35
ORTHODONTICS	-	171.24	171.24
PEDIATRICS	-	384.74	384.74
PERIODONTICS	-	387.87	387.87
REMOVABLE PROSTHODONTICS	-	571.80	571.80
ACCELERATED PROF TRAINING PROGRAM	182.14	812.13	994.27
ADVANCED SPECIALTY EDUCATION	44.72	338.02	382.74
DENTAL HYGIENE	30.30	284.02	314.32
TOTAL TIME COSTS	$2,830.76	$9,865.00	$12,695.76
RETREAT COSTS*			4,676.00
DUPLICATION COSTS			267.82
TOTAL			$17,639.58

*Does not include time & duplication costs

APPENDIX X

Direct Costs of Preparing the First Drafts of the Dental School Task Reports in October

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	12.05	-	-	12.05
ADMISSIONS	-	-	-	-
PHYSICAL FACILITIES & EQUIPMENT	89.81	-	-	89.81
FINANCIAL OPERATION & MANAGEMENT	-	-	-	-
FACULTY	81.23	211.30	1.50	294.03
CURRICULUM	16.50	-	-	16.50
BEHAVIORAL SCIENCES	-	-	-	-
PATIENT MANAGEMENT & COMPREHENSIVE CARE	-	86.20	-	86.20
EXTRAMURAL PROGRAMS	-	-	-	-
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	-	-	-	-
LIBRARY	-	-	-	-
RESEARCH	60.25	-	-	60.25
RADIOLOGY	-	-	-	-
GPR	-	-	-	-
SUB TOTAL	259.84	297.50	1.50	558.84
APT	80.30	330.33	7.50	418.13
ASE	54.82	122.61	30.00	207.43
DH	30.30	80.55	25.12	135.97
AD HOC[1]	1,812.90	2,725.56	258.82	4,797.28
TOTAL	2,238.16	3,556.55	322.94	6,117.65

[1]Includes Preparation for Self-Study Costs

Direct Costs of Preparing the First Drafts of the Dental School Task Reports in November

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	328.82	175.38	4.32	508.52
ADMISSIONS	119.52	61.02	5.89	186.43
PHYSICAL FACILITIES & EQUIPMENT	406.23	195.69	25.34	627.26
FINANCIAL OPERATION & MANAGEMENT	59.84	37.15	-	96.99
FACULTY	1,649.75	260.54	8.26	1,918.55
CURRICULUM	847.88	116.25	39.93	1,004.06
BEHAVIORAL SCIENCES	174.36	168.86	34.30	377.52
PATIENT MANAGEMENT & COMPREHENSIVE CARE	454.66	228.80	11.56	695.02
EXTRAMURAL PROGRAMS	176.08	406.84	15.10	598.02
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	4.17	-	-	4.17
LIBRARY	133.24	93.99	-	227.23
RESEARCH	408.27	116.42	-	524.69
RADIOLOGY	-	-	-	-
GPR	-	-	-	-
SUB TOTAL	4,762.82	1,860.94	144.70	6,768.46
APT	416.46	30.92	2.43	449.81
ASE	823.55	41.58	1.08	866.21
DH	250.72	6.83	-	257.55
AD HOC	545.47	287.48	5.64	838.59
TOTAL	6,799.02	2,227.75	153.85	9,180.62

APPENDIX Z

Direct Costs of Preparing the First Drafts of the Dental School Task Reports in December

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	1,081.04	160.54	7.05	1,248.63
ADMISSIONS	154.37	-	-	154.37
PHYSICAL FACILITIES & EQUIPMENT	411.51	-	7.44	418.95
FINANCIAL OPERATION & MANAGEMENT	95.40	15.45	.81	111.66
FACULTY	1,405.61	81.13	29.16	1,515.90
CURRICULUM	506.61	270.35	4.41	781.37
BEHAVIORAL SCIENCES	496.42	-	29.38	525.80
PATIENT MANAGEMENT & COMPREHENSIVE CARE	355.84	-	10.56	366.40
EXTRAMURAL PROGRAMS	307.06	48.66	48.39	404.11
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	32.35	-	-	32.35
LIBRARY	98.38	-	7.93	106.31
RESEARCH	546.53	-	4.46	550.99
RADIOLOGY	-	-	-	-
GPR	-	-	-	-
SUB TOTAL	5,491.12	576.13	149.59	6,216.84
APT	686.61	-	-	686.61
ASE	1,419.13	-	.48	1,419.61
DH	367.08	-	-	367.08
AD HOC	5.99	-	7.96	13.95
TOTAL	7,969.93	576.13	158.03	8,704.09

Direct Costs of Preparing the First Drafts of the Dental School Task Reports in January

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	875.80	361.89	13.61	1,251.30
ADMISSIONS	202.01	-	-	202.01
PHYSICAL FACILITIES & EQUIPMENT	742.96	100.44	21.31	864.71
FINANCIAL OPERATION & MANAGEMENT	185.98	-	-	185.98
FACULTY	2,459.57	247.68	6:45	2,713.70
CURRICULUM	3,082.59	210.66	65.02	3,358.27
BEHAVIORAL SCIENCES	336.97	82.26	17.28	436.51
PATIENT MANAGEMENT & COMPREHENSIVE CARE	1,042.10	-	12.29	1,054.39
EXTRAMURAL PROGRAMS	206.43	135.66	12.50	354.59
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	39.20	-	-	39.20
LIBRARY	127.48	-	-	127.48
RESEARCH	1,122.90	202.35	.30	1,325.55
RADIOLOGY	-	-	-	-
GPR	-	-	-	-
SUB TOTAL	10,423.99	1,340.94	148.76	11,913.69
APT	717.55	30.60	8.05	756.20
ASE	890.81	-	4.10	894.91
DH	1,859.75	674.53	27.24	2,561.52
AD HOC	506.98	225.49	.40	732.87
TOTAL	14,399.08	2,271.56	188.55	16,859.19

APPENDIX BB

Direct Costs of Preparing the First Drafts of the Dental School Task Reports in February

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	1,292.81	191.06	70.16	1,554.03
ADMISSIONS	949.22	372.17	31.38	1,352.77
PHYSICAL FACILITIES & EQUIPMENT	65.60	-	.10	65.70
FINANCIAL OPERATION & MANAGEMENT	768.99	74.30	23.00	866.29
FACULTY	2,054.46	566.60	17.41	2,638.47
CURRICULUM	3,555.62	1,233.40	142.58	4,931.60
BEHAVIORAL SCIENCES	439.56	62.01	14.28	515.85
PATIENT MANAGEMENT & COMPREHENSIVE CARE	568.70	17.40	24.50	610.60
EXTRAMURAL PROGRAMS	899.76	418.99	51.74	1,370.49
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	68.25	-	-	68.25
LIBRARY	1,199.98	-	-	1,199.98
RESEARCH	742.51	93.37	32.76	868.64
RADIOLOGY	-	-	-	-
GPR	-	-	-	-
SUB TOTAL	12,605.46	3,029.30	407.91	16,042.67
APT	1,360.12	-	43.60	1,403.72
ASE	2,371.79	39.15	152.36	2,563.30
DH	854.65	84.82	-	939.47
AD HOC	689.47	570.60	2.90	1,262.97
TOTAL	17,881.49	3,723.87	606.77	22,212.13

Direct Costs of Preparing the First Drafts
of the Dental School Task Reports After February

TASK NAME	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	-	-	-	-
ADMISSIONS	91.46	-	8.98	100.44
PHYSICAL FACILITIES & EQUIPMENT	-	-	-	-
FINANCIAL OPERATION & MANAGEMENT	15.62	-	-	15.62
FACULTY	-	-	17.60	17.60
CURRICULUM	9.00	-	-	9.00
BEHAVIORAL SCIENCES	-	-	-	-
PATIENT MANAGEMENT & COMPREHENSIVE CARE	-	-	-	-
EXTRAMURAL PROGRAMS	7.19	-	1.18	8.37
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	227.44	-	1.60	229.04
LIBRARY	586.82	-	33.00	619.82
RESEARCH	-	-	-	-
RADIOLOGY	831.50	83.15	-	914.65
GPR	584.80	-	15.75	600.55
SUB TOTAL	2,353.83	83.15	78.11	2,515.09
APT	1,619.51	-	138.76	1,758.27
ASE	-	-	4.59	4.59
DH	1,135.71	172.86	58.00	1,308.57
AD HOC	-	-	-	-
TOTAL	5,109.05	256.01	279.46	5,644.52

APPENDIX DD

Direct Costs of Preparing the First Drafts
of the Dental School Self-Study Reports in November

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN		43.12	823.59	233.81	-	9.96	1,110.48
ACADEMIC AFFAIRS	-	-	380.52	168.35	-	33.53	582.40
CLINIC AFFAIRS	236.42	42.84	446.72	212.09	33.67	30.89	1,002.63
ADMISSIONS	-	-	43.48	69.45	-	5.89	118.82
STUDENT AFFAIRS	-	-	47.03	70.54	-	-	117.57
EXTRAMURAL TRAINING PROGRAM	-	-	80.37	95.70	-	15.10	191.17
BASIC DENTAL SCIENCE	-	36.97	63.39	47.54	-	-	147.90
CONTINUING EDUCATION	-	-	12.22	-	-	-	12.22
ANATOMY	726.77	21.99	124.19	82.40	10.31	.85	966.51
BIOCHEMISTRY	737.41	22.74	71.74	-	1.84	-	833.73
EDUCATIONAL & INSTRUCTIONAL RES.	7.60	-	111.59	41.00	-	-	180.19
MICROBIOLOGY	247.77	-	127.10	56.93	-	-	431.80
PHARMACOLOGY	55.05	-	391.88	61.68	4.16	-	512.77
PHYSIOLOGY	77.40	20.19	83.45	-	-	-	181.04
BIOLOGICAL SCIENCES ASSISTANT DEAN	241.00	24.10	325.35	78.35	-	-	668.80
ENDODONTICS	-	36.88	246.64	31.61	-	-	315.13
FIXED RESTORATIVE	27.26	-	33.64	41.84	.05	-	102.79
ORAL DIAGNOSIS	97.91	37.75	391.70	147.81	.05	2.53	677.75
ORAL HEALTH CARE DELIVERY	112.32	52.81	369.08	201.17	1.66	43.50	780.54
ORAL PATHOLOGY	342.73	61.60	158.93	55.72	6.05	-	625.03
ORAL SURGERY	43.32	37.92	303.69	48.76	-	-	433.69
ORTHODONTICS	151.37	28.47	700.86	122.57	-	.48	1,003.75
PEDIATRICS	-	-	144.73	-	-	-	144.73
PERIODONTICS	86.61	-	210.24	64.39	-	.81	362.05
REMOV/ LE PROSTHODONTICS	166.39	496.12	284.65	93.53	6.90	-	1,047.59
ACCELERATED PROF. TRAINING PROGRAM	-	22.53	655.46	126.41	-	9.23	813.63
ADVANCED SPECIALTY EDUCATION	-	-	126.35	39.15	-	1.08	166.58
DENTAL HYGIENE	-	-	238.99	20.64	-	-	259.63
TOTAL	3,377.33	986.03	6,997.58	2,211.44	64.69	153.85	13,790.92

Direct Costs of Preparing the First Drafts of the Dental School Self-Study Reports in December

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN	-	-	995.28	106.95	-	14.56	1,116.79
ACADEMIC AFFAIRS	-	-	429.35	56.57	-	1.18	487.10
CLINIC AFFAIRS	57.78	-	402.71	-	-	18.00	478.49
ADMISSIONS	-	-	4.63	57.04	-	-	61.67
STUDENT AFFAIRS	-	-	138.85	18.81	-	.81	158.47
EXTRAMURAL TRAINING PROGRAM	-	-	134.07	17.40	-	49.20	200.67
BASIC DENTAL SCIENCE	21.13	-	58.54	34.83	-	-	114.50
CONTINUING EDUCATION	-	-	-	-	-	-	-
ANATOMY	834.92	-	141.30	38.84	3.29	.20	1,018.55
BIOCHEMISTRY	229.48	-	113.28	11.55	.27	.53	355.11
EDUCATIONAL & INSTRUCTIONAL RES.	-	-	184.24	-	-	7.93	192.17
MICROBIOLOGY	108,75	27.90	114.06	35.14	-	-	285.85
PHARMACOLOGY	261.17	-	404.39	4.64	3.22	3.22	676.84
PHYSIOLOGY	-	-	10.52	-	-	-	10.52
BIOLOGICAL SCIENCES ASSISTANT DEAN	172.72	12.05	-	6.03	-	-	190.80
ENDODONTICS	-	-	201.37	50.32	-	-	251.59
FIXED RESTORATIVE	57.59	-	100.10	36.88	-	-	194.57
ORAL DIAGNOSIS	78.61	-	233.57	-	-	-	312.18
ORAL HEALTH CARE DELIVERY	391.55	-	560.84	35.81	-	28.57	1.016.77
ORAL PATHOLOGY	25.38	-	58.98	-	-	-	84.36
ORAL SURGERY	219.37	-	342.29	13.55	-	-	575.21
ORTHODONTICS	462.90	-	1,056.57	35.17	-	-	1,554.64
PEDIATRICS	257.95	-	169.17	-	-	-	427.12
PERIODONTICS	109.54	-	705.73	-	1.29	4.19	820.75
REMOVABLE PROSTHODONTICS	104.91	559.90	140.10	5.27	-	-	810.18
ACCELERATED PROF TRAINING PROGRAM	-	-	930.44	63.80	-	29.16	1,023.40
ADVANCED SPECIALTY EDUCATION	-	-	70.86	-	-	.48	71.34
DENTAL HYGIENE	-	-	367.08	-	-	-	367.08
TOTAL	3,393.75	599.85	8,068.52	628.60	8.07	158.03	12,856.82

APPENDIX FF

Direct Costs of Preparing the First Drafts of the Dental School Self-Study Reports in January

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN	52.29	98.56	1,227.50	201.06	-	14.01	1,593.42
ACADEMIC AFFAIRS	6.00	-	1,269.82	113.96	-	65.02	1,454.80
CLINIC AFFAIRS	-	-	781.10	93.22	-	21.31	895.63
ADMISSIONS	-	-	111.12	-	-	-	111.12
STUDENT AFFAIRS	-	-	112.86	11.62	-	-	124.48
EXTRAMURAL TRAINING PROGRAM	-	-	75.84	59.39	-	12.50	147.73
BASIC DENTAL SCIENCE	117.71	-	656.46	29.90	-	-	804.07
CONTINUING EDUCATION	-	-	-	-	-	5.25	5.25
ANATOMY	32.36	-	881.78	84.88	3.05	-	1,002.07
BIOCHEMISTRY	83.90	-	8.41	-	-	.30	92.61
EDUCATIONAL & INSTRUCTIONAL RES.	315.00	-	241.28	48.10	3.75	-	608.13
MICROBIOLOGY	127.65	-	228.53	58.76	-	-	414.94
PHARMACOLOGY	1,145.30	127.88	459.67	104.94	-	-	1,837.79
PHYSIOLOGY	88.23	-	121.61	23.45	-	-	233.29
BIOLOGICAL SCIENCES ASSISTANT DEAN	216.90	48.20	843.50	204.85	-	-	1,313.45
ENDODONTICS	84.28	-	429.79	97.14	-	-	611.21
FIXED RESTORATIVE	108.76	-	200.12	23.90	1.50	-	334.28
ORAL DIAGNOSIS	318.52	-	600.95	111.94	-	12.29	1,043.70
ORAL HEALTH CARE DELIVERY	354.65	294.36	691.93	226.51	29.20	17.28	1,613.93
ORAL PATHOLOGY	39.23	-	410.28	41.65	5.90	-	497.06
ORAL SURGERY	243.70	-	193.15	-	-	-	436.85
ORTHODONTICS	444.25	47.64	803.22	63.08	-	-	1,358.19
PEDIATRICS	39.57	-	429.68	-	-	-	469.25
PERIODONTICS	1,219.53	-	246.76	-	12.60	2.50	1,481.39
REMOVABLE PROSTHODONTICS	174.11	-	219.06	30.77	-	-	423.94
ACCELERATED PROF. TRAINING PROGRAM	-	-	1,566.09	128.15	-	9.25	1,703.49
ADVANCED SPECIALTY EDUCATION	-	-	186.05	-	-	1.60	187.65
DENTAL HYGIENE	-	-	1,859.75	674.53	-	27.24	2,561.52
TOTAL	5,211.94	616.64	14,856.31	2,431.80	56.00	188.55	23,361.24

Direct Costs of Preparing the First Drafts of the Dental School Self-Study Reports in February

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN	132.23	-	2,322.27	304.42	-	93.16	2,852.08
ACADEMIC AFFAIRS	-	-	3,045.00	607.66	-	142.58	3,795.24
CLINIC AFFAIRS	97.92	-	195.84	104.04	-	-	397.80
ADMISSIONS	-	-	669.77	185.20	-	31.38	886.35
STUDENT AFFAIRS	-	-	227.11	79.95	-	-	307.06
EXTRAMURAL TRAINING PROGRAM	-	-	519.70	39.15	-	51.34	610.19
BASIC DENTAL SCIENCE	21.13	-	115.42	171.88	-	-	308.43
CONTINUING EDUCATION	-	-	64.68	-	-	1.00	65.68
ANATOMY	723.99	-	197.62	217.11	-		1,138.72
BIOCHEMISTRY	130.85	-	28.58	34.65	1.75	1.75	195.83
EDUCATIONAL & INSTRUCTIONAL RES.	790.26	-	1,741.68	62.22	1.00	-	2,595.16
MICROBIOLOGY	41.38	-	401.40	185.77	-	-	628.55
PHARMACOLOGY	171.87	-	332.14	33.90	41.30	32.76	611.97
PHYSIOLOGY	-	-	3.89	-	-	-	3.89
BIOLOGICAL SCIENCES ASSISTANT DEAN	72.30	-	536.15	120.50	-	-	728.95
ENDODONTICS	411.15	-	670.24	183.36	-	9.25	1,274.00
FIXED RESTORATIVE	239.12	-	216.39	67.90	-	-	523.41
ORAL DIAGNOSIS	485.88	-	631.63	96.25	-	24.50	1,238.26
ORAL HEALTH CARE DELIVERY	601.60	-	499.30	294.40	72.60	14.28	1,482.18
ORAL PATHOLOGY	73.01	-	339.15	217.70	1.50	-	631.36
ORAL SURGERY	259.92	-	311.84	-	-	-	571.76
ORTHODONTICS	347.44	-	821.46	142.38	-	-	1,311.28
PEDIATRICS	95.40	-	272.55	10.17	-	-	378.12
PERIODONTICS	1,143.12	48.86	149.04	28.33	25.38	-	1,394.73
REMOVABLE PROSTHODONTICS	40.38	-	61.13	97.31	-	-	198.82
ACCELERATED PROF. TRAINING PROGRAM	-	-	2,447.43	323.21	-	60.41	2,831.05
ADVANCED SPECIALTY EDUCATION	83.82	-	924.20	122.98	-	146.11	1,277.11
DENTAL HYGIENE	-	-	854.65	112.44	-	-	967.09
TOTAL	5,962.77	48.86	18,600.26	3,842.88	143.53	606.77	29,205.07

APPENDIX HH

Direct Costs of Preparing the First Drafts of the Dental School Self-Study Reports After February

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		DUPLICATING		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	DEPARTMENT	TASK	
DEAN	-	-	40.38	-	-	-	40.38
ACADEMIC AFFAIRS	-	-	9.00	-	-	-	9.00
CLINIC AFFAIRS	-	-	682.72	-	-	15.75	698.47
ADMISSIONS	-	-	53.84	-	-	8.98	62.82
STUDENT AFFAIRS	-	-		-	-	-	
EXTRAMURAL TRAINING PROGRAM	-	-		-	-	1.18	1.18
BASIC DENTAL SCIENCE	-	-		-	-	-	
CONTINUING EDUCATION	-	-	36.96	-	-	-	36.96
ANATOMY	-	-	239.95	-	-	-	239.95
BIOCHEMISTRY	161.	-		-	-		
EDUCATIONAL & INSTRUCTIONAL RES.	161.52	-	528.72	-	12.50	33.00	735.74
MICROBIOLOGY			13.04				13.04
PHARMACOLOGY		16.96	183.00	-	-	-	199.96
PHYSIOLOGY	-	-	-	-	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	-	-	-	-	-	-	-
ENDODONTICS	-	-	-	-	-	-	-
FIXED RESTORATIVE	-	-	13.00	-	-	-	13.00
ORAL DIAGNOSIS	107.75	-	1,171.16	83.15	-	-	1,362.06
ORAL HEALTH CARE DELIVERY	-	-	-	-	-	-	-
ORAL PATHOLOGY	-	-	-	-	-	4.05	4.05
ORAL SURGERY	-	-	-	-	-	-	-
ORTHODONTICS				-	-	-	-
PEDIATRICS	-	-	68.15	-	-	-	68.15
PERIODONTICS	-	-	-	-	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-	-	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	-	-	1,613.56	-	-	156.36	1,769.92
ADVANCED SPECIALTY EDUCATION	43.75	-	-	-	-	.54	44.29
DENTAL HYGIENE	-	-	252.12	29.73	-	58.00	281.85
TOTAL	313.02	16.96	4,906.14	112.88	12.50	277.86	5,639.36

Direct Costs of the Review Process
of the Dental School Self-Study in March

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	1,973.58	443.52	489.64	2,906.74
ACADEMIC AFFAIRS	1,068.32	218.52	-	1,286.84
CLINIC AFFAIRS	416.16	146.88	-	563.04
ADMISSIONS	-	37.04	-	37.04
STUDENT AFFAIRS	206.91	94.05	-	300.96
EXTRAMURAL TRAINING PROGRAM	226.20	174.00	-	400.20
BASIC DENTAL SCIENCE	338.08	211.30	-	549.38
CONTINUING EDUCATION	-	-	-	-
ANATOMY	631.14	323.28	-	954.42
BIOCHEMISTRY	181.92	-	-	181.92
EDUCATIONAL & INSTRUCTIONAL RES.	247.42	111.58	-	359.00
MICROBIOLOGY	89.44	225.12	-	314.56
PHARMACOLOGY	204.82	120.44	-	325.26
PHYSIOLOGY	-	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	385.60	60.25	-	445.85
ENDODONTICS	284.45	31.61	-	316.06
FIXED RESTORATIVE	91.76	90.37	-	182.13
ORAL DIAGNOSIS	274.42	223.42	-	497.84
ORAL HEALTH CARE DELIVERY	984.59	456.70	-	1,441.29
ORAL PATHOLOGY	63.94	-	-	63.94
ORAL SURGERY	-	30.22	-	30.22
ORTHODONTICS	121.95	162.60	-	284.55
PEDIATRICS	-	95.41	-	95.41
PERIODONTICS	514.38	134.01	-	648.39
REMOVABLE PROSTHODONTICS	165.10	198.12	-	363.22
ACCELERATED PROF. TRAINING PROGRAM	645.94	329.76	-	975.70
ADVANCED SPECIALTY EDUCATION	368.94	100.62	-	469.56
DENTAL HYGIENE	-	28.99	-	28.99
TOTAL	9,485.06	4,047.81	489.64	14,022.51

APPENDIX JJ

Direct Costs of the Review Process
of the Dental School Self-Study in April

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	353.42	138.81	21.61	513.84
ACADEMIC AFFAIRS	67.36	315.64	-	383.00
CLINIC AFFAIRS	394.85	67.32	10.30	472.47
ADMISSIONS	111.12	162.02	-	273.14
STUDENT AFFAIRS	-	37.62	-	37.62
EXTRAMURAL TRAINING PROGRAM	-	-	-	-
BASIC DENTAL SCIENCE	126.78	121.49	-	248.27
CONTINUING EDUCATION	-	-	-	-
ANATOMY	120.68	146.27	-	266.95
BIOCHEMISTRY	-	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	97.15	63.76	-	160.91
MICROBIOLOGY	-	-	-	-
PHARMACOLOGY	106.40	-	-	106.40
PHYSIOLOGY	-	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	331.39	60.25	-	391.64
ENDODONTICS	105.35	-	-	105.35
FIXED RESTORATIVE	28.68	86.03	-	114.71
ORAL DIAGNOSIS	491.81	130.74	-	622.55
ORAL HEALTH CARE DELIVERY	665.12	264.75	6.08	935.95
ORAL PATHOLOGY	156.80	-	-	156.80
ORAL SURGERY	753.69	-	-	753.69
ORTHODONTICS	170.51	208.57	-	379.08
PEDIATRICS	181.70	-	-	181.70
PERIODONTICS	948.87	-	-	948.87
REMOVABLE PROSTHODONTICS	84.28	10.54	-	94.82
ACCELERATED PROF. TRAINING PROGRAM	425.89	75.61	13.66	515.16
ADVANCED SPECIALTY EDUCATION	259.64	100.62	48.02	408.28
DENTAL HYGIENE	409.12	101.93	-	511.05
TOTAL	6,390.61	2,091.97	99.67	8,582.25

APPENDIX KK

Direct Costs of the Review Process
of the Dental School Self-Study in May

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	1,163.44	156.83	1,206.44	2,526.71
ACADEMIC AFFAIRS	555.56	30.34	-	585.90
CLINIC AFFAIRS	322.52	-	15.33	337.85
ADMISSIONS	237.04	23.14	-	260.18
STUDENT AFFAIRS	131.67	23.51	-	155.18
EXTRAMURAL TRAINING PROGRAM	107.85	-	21.95	129.80
BASIC DENTAL SCIENCE	-	26.41	-	26.41
CONTINUING EDUCATION	-	-	-	-
ANATOMY	280.41	-	24.55	304.96
BIOCHEMISTRY	402.53	-	1.80	404.33
EDUCATIONAL & INSTRUCTIONAL RES.	652.02	23.00	311.00	986.02
MICROBIOLOGY	267.24	-	-	267.24
PHARMACOLOGY	307.44	91.38	-	398.82
PHYSIOLOGY	432.54	251.76	-	684.30
BIOLOGICAL SCIENCES ASSISTANT DEAN	337.40	18.09	-	355.49
ENDODONTICS	168.56	-	-	168.56
FIXED RESTORATIVE	.95	-	-	.95
ORAL DIAGNOSIS	200.15	20.24		220.39
ORAL HEALTH CARE DELIVERY	949.70	197.78	15.43	1,162.91
ORAL PATHOLOGY	542.12	-	1.50	543.62
ORAL SURGERY	870.19	-	-	870.19
ORTHODONTICS	135.92	111.40	-	247.32
PEDIATRICS	-	-	-	-
PERIODONTICS	249.24	-	-	249.24
REMOVABLE PROSTHODONTICS	179.38	-	-	179.38
ACCELERATED PROF. TRAINING PROGRAM	534.44	116.88	28.58	699.90
ADVANCED SPECIALTY EDUCATION	181.27	44.72	-	225.99
DENTAL HYGIENE	943.25	156.75	-	1,100.00
TOTAL	10,172.83	1,292.23	1,626.58	13,091.64

APPENDIX LL

Direct Costs of the Review Process of the Dental School Self-Study in June

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	1,047.99	599.83	516.11	2,163.93
ACADEMIC AFFAIRS	322.39	206.38	-	528.77
CLINIC AFFAIRS	587.52	275.40	-	862.92
ADMISSIONS	166.64	166.68	-	333.32
STUDENT AFFAIRS	159.88	159.88	-	319.76
EXTRAMURAL TRAINING PROGRAM	21.57	-	17.67	39.24
BASIC DENTAL SCIENCE	464.86	190.17	-	655.03
CONTINUING EDUCATION	580.32	-	-	580.32
ANATOMY	232.03	32.43	2.55	267.01
BIOCHEMISTRY	499.53	-	-	499.53
EDUCATIONAL & INSTRUCTIONAL RES.	567.25	193.20	.60	761.05
MICROBIOLOGY	21.57	-	-	21.57
PHARMACOLOGY	226.12	204.12	-	430.24
PHYSIOLOGY	-	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	421.75	253.05	-	674.80
ENDODONTICS	42.14	-	-	42.14
FIXED RESTORATIVE	-	-	-	-
ORAL DIAGNOSIS	461.65	171.18	-	632.83
ORAL HEALTH CARE DELIVERY	509.22	254.92	-	764.14
ORAL PATHOLOGY	47.11	-	8.60	55.71
ORAL SURGERY	134.60	-	-	134.60
ORTHODONTICS	40.38	-	11.55	51.93
PEDIATRICS	199.87	-	-	199.87
PERIODONTICS	423.99	-	-	423.99
REMOVABLE PROSTHODONTICS	382.47	42.14	-	424.61
ACCELERATED PROF. TRAINING PROGRAM	411.46	276.06	-	687.52
ADVANCED SPECIALTY EDUCATION	152.18	178.88	-	331.06
DENTAL HYGIENE	255.20	68.87	-	324.07
TOTAL	8,379.69	3,273.19	557.08	12,209.96

APPENDIX MM

Direct Costs of the Review Process
of the Dental School Self-Study in July

OFFICE OR DEPARTMENT	TIME COSTS		DUPLICATING COSTS	TOTAL
	INDIVIDUAL	COMMITTEE		
DEAN	735.41	488.78	47.95	1,272.14
ACADEMIC AFFAIRS	80.13	240.39	-	320.52
CLINIC AFFAIRS	101.83	107.72	-	209.55
ADMISSIONS	-	121.08	-	121.08
STUDENT AFFAIRS	-	111.76	-	111.76
INTRAMURAL TRAINING PROGRAM	-	-	-	-
BASIC DENTAL SCIENCE	23.03	207.27	-	230.30
CONTINUING EDUCATION	38.96	126.62	-	165.58
ANATOMY	-	-	-	-
BIOCHEMISTRY	-	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	159.04	246.53	-	405.57
MICROBIOLOGY	-	-	-	-
PHARMACOLOGY	-	-	-	-
PHYSIOLOGY	-	26.40	-	26.40
BIOLOGICAL SCIENCES ASSISTANT DEAN	79.53	265.10	-	344.63
ENDODONTICS	-	-	-	-
FIXED RESTORATIVE	54.36	-	-	54.36
ORAL DIAGNOSIS	227.27	225.37	-	452.64
ORAL HEALTH CARE DELIVERY	23.18	220.21	-	243.39
ORAL PATHOLOGY	493.90	-	-	493.90
ORAL SURGERY	122.40	-	-	122.40
ORTHODONTICS	-	-	-	-
PEDIATRICS	-	-	-	-
PERIODONTICS	-	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	105.20	168.32	-	273.52
ADVANCED SPECIALTY EDUCATION	178.62	-	-	178.62
DENTAL HYGIENE	358.83	76.65	-	435.48
TOTAL	2,781.69	2,632.20	47.95	5,461.84

APPENDIX NN

Time Spent by Administrators, Department Heads, Faculty and Secretaries Planning for the Dental School Self-Study

	Individual	Committee	Total
Administrators	108:50	156:40	265:30
Department Heads	26:30	102:50	129:20
Faculty	32:40	433:35	466:15
Secretarial	83:55	:40	84:35
Total	251:55	693:45	945:40

Time Spent by Administrators, Department Heads, and Secretaries Preparing the First Drafts of the Dental School Self-Study Reports

	Individual	Committee	Total
Administrators	843:45	179:40	1,023:25
Department Heads	1,019:45	114:05	1,133:50
Faculty	1,843:10	405:35	2,248:45
Secretarial	1,342:55	7:00	1,349:55
Total	5,049:35	706:20	5,755:55

APPENDIX PP

Time Spent by Administrators, Department Heads, Faculty and Secretaries During the Review Process of the Dental School Self-Study

	Individual	Committee	Total
Administrators	540:30	246:25	786:55
Department Heads	582:45	180:15	763:00
Faculty	473:15	307:00	780:15
Secretarial	861:45	21:00	882:45
Total	2,458:15	754:40	3,212:55

Time Spent in August and September Planning for the Dental School Self-Study

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	60:20	16:00	76:20
ACADEMIC AFFAIRS	-	8:00	8:00
CLINIC AFFAIRS	-	8:00	8:00
ADMISSIONS	-	8:00	8:00
STUDENT AFFAIRS	-	-	-
EXTRAMURAL TRAINING PROGRAM	-	-	-
BASIC DENTAL SCIENCE	-	-	-
CONTINUING EDUCATION	-	8:00	8:00
ANATOMY	-	-	-
BIOCHEMISTRY	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	-	-	-
MICROBIOLOGY	-	-	-
PHARMACOLOGY	-	-	-
PHYSIOLOGY	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	-	8:00	8:00
ENDODONTICS	-	-	-
FIXED RESTORATIVE	-	-	-
ORAL DIAGNOSIS	-	-	-
ORAL HEALTH CARE DELIVERY	-	-	-
ORAL PATHOLOGY	-	-	-
ORAL SURGERY	-	-	-
ORTHODONTICS	-	-	-
PEDIATRICS	-	-	-
PERIODONTICS	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	10:00	10:00	20:00
ADVANCED SPECIALTY EDUCATION	-	-	-
DENTAL HYGIENE	4:00	-	4:00
TOTAL	74:20	66:00	140:20

APPENDIX RR

Time Spent in October Preparing for the Dental School Self-Study

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	68:15	26:00	94:15
ACADEMIC AFFAIRS	36:10	17:00	53:10
CLINIC AFFAIRS	11:00	17:00	28:00
ADMISSIONS	-	12:15	12:15
STUDENT AFFAIRS	11:00	5:15	16:15
EXTRAMURAL TRAINING PROGRAM	-	8:15	8:15
BASIC DENTAL SCIENCE	1:30	17:00	18:30
CONTINUING EDUCATION	-	5:00	5:00
ANATOMY	-	25:30	25:30
BIOCHEMISTRY	-	3:15	3:15
EDUCATIONAL & INSTRUCTIONAL RES.	2:00	20:00	22:00
MICROBIOLOGY	-	9:00	9:00
PHARMACOLOGY	-	22:15	22:15
PHYSIOLOGY	-	6:15	6:15
BIOLOGICAL SCIENCES ASSISTANT DEAN	16:55	10:45	27:40
ENDODONTICS	-	27:15	27:15
FIXED RESTORATIVE	-	39:15	39:15
ORAL DIAGNOSIS	4:00	72:10	76:10
ORAL HEALTH CARE DELIVERY	6:00	58:00	64:00
ORAL PATHOLOGY	-	13:15	13:15
ORAL SURGERY	-	19:10	19:10
ORTHODONTICS	-	10:10	10:10
PEDIATRICS	-	25:10	25:10
PERIODONTICS	-	24:00	24:00
REMOVABLE PROSTHODONTICS	-	40:55	40:55
ACCELERATED PROF. TRAINING PROGRAM	12:45	51:00	63:45
ADVANCED SPECIALTY EDUCATION	4:00	15:35	19:35
DENTAL HYGIENE	4:00	27:05	31:05
TOTAL	177:35	627:45	805:20

Average Time Spent during the Dental School Self-Study by Full-Time Faculty by Department or Program including Chairmen[1]

	Study Preparation	Preparing 1st Drafts	Review & Revision	Entire Self-Study
Anatomy	3:11	32:53	10:12	46:16
Biochemistry	:49	19:20	9:56	30:05
Educational & Instructional Res.	7:20	71:31	48:20	127:11
Microbiology	6:23	39:06	18:38	64:07
Pharmacology	5:34	47:10	19:56	72:40
Physiology	3:08	20:55	18:30	42:33
Endodontics	3:08	40:15	10:00	53:23
Fixed Restorative	2:27	4:57	2:05	9:29
Oral Diagnosis	8:08	23:17	15:22	46:47
Oral Health Care Delivery	5:49	26:36	30:32	62:57
Oral Pathology	2:39	12:08	12:23	27:10
Oral Surgery	3:12	17:05	12:00	32:17
Orthodontics	2:32	66:30	13:34	82:36
Pediatrics	4:12	12:29	5:30	22:11
Periodontics	4:00	30:17	12:10	46:27
Removable Prosthodontics	4:34	15:52	5:17	25:43
Accelerated Prof. Training Program	20:22	107:35	39:38	167:35
Basic Dental Science	6:17	26:09	26:40	59:06
Dental Hygiene	3:54	45:26	16:04	65:24

[1]Does not include Administrators

APPENDIX TT

Time Spent in November Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	-	1:45	78:10	12:15	92:10
ACADEMIC AFFAIRS	-	-	25:30	7:45	33:15
CLINIC AFFAIRS	17:15	1:45	31:40	11:00	61:40
ADMISSIONS	-	-	3:50	3:45	7:35
STUDENT AFFAIRS	-	-	2:30	3:45	6:15
EXTRAMURAL TRAINING PROGRAM	-	-	6:55	5:30	12:25
BASIC DENTAL SCIENCE	-	1:45	3:00	2:15	7:00
CONTINUING EDUCATION	-	-	2:05	-	2:05
ANATOMY	40:30	1:00	10:45	6:15	58:30
BIOCHEMISTRY	39:30	1:00	4:30	-	45:00
EDUCATIONAL & INSTRUCTIONAL RES.	1:30	-	11:35	3:00	16:05
MICROBIOLOGY	19:00	-	7:30	4:00	30:30
PHARMACOLOGY	6:30	-	22:25	3:45	32:40
PHYSIOLOGY	11:30	3:00	5:30	-	20:00
BIOLOGICAL SCIENCES ASSISTANT DEAN	10:00	1:00	13:30	3:15	27:45
ENDODONTICS	-	1:45	15:10	1:30	18:25
FIXED RESTORATIVE	2:05	-	2:30	3:30	8:05
ORAL DIAGNOSIS	5:00	1:45	23:30	8:00	38:15
ORAL HEALTH CARE DELIVERY	8:35	2:45	28:20	16:00	55:40
ORAL PATHOLOGY	16:00	2:45	9:00	3:00	30:45
ORAL SURGERY	2:00	1:45	16:15	3:00	23:00
ORTHODONTICS	13:00	1:45	38:30	6:00	59:15
PEDIATRICS	-	-	8:30	-	8:30
PERIODONTICS	6:45	-	6:30	3:30	16:45
REMOVABLE PROSTHODONTICS	9:15	33:45	14:45	3:00	60:45
ACCELERATED PROF. TRAINING PROGRAM	-	1:45	42:15	7:00	51:00
ADVANCED SPECIALTY EDUCATION	-	-	6:00	1:45	7:45
DENTAL HYGIENE	-	-	26:45	1:55	28:40
TOTAL	208:25	59:15	467:25	124:40	859:45

APPENDIX UU

Time Spent in December Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	-	-	72:45	4:15	77:00
ACADEMIC AFFAIRS	-	-	43:45	2:20	46:05
CLINIC AFFAIRS	2:00	-	14:45	-	16:45
ADMISSIONS	-	-	8:00	:15	8:15
STUDENT AFFAIRS	-	-	8:00	1:00	9:00
EXTRAMURAL TRAINING PROGRAM	-	-	15:20	1:00	16:20
BASIC DENTAL SCIENCE	1:00	-	2:55	2:20	6:15
CONTINUING EDUCATION	-	-	-	-	-
ANATOMY	56:40	-	11:45	3:35	72:00
BIOCHEMISTRY	13:00	-	8:40	1:00	22:40
EDUCATIONAL & INSTRUCTIONAL RES.	2:45	-	14:40	-	17:25
MICROBIOLOGY	9:30	2:00	8:20	2:20	22:10
PHARMACOLOGY	15:15	-	23:30	:15	39:00
PHYSIOLOGY	-	-	:45	-	:45
BIOLOGICAL SCIENCES ASSISTANT DEAN	7:10	:30	8:30	:15	16:25
ENDODONTICS	-	-	11:55	3:20	15:15
FIXED RESTORATIVE	5:15	-	6:40	2:45	14:40
ORAL DIAGNOSIS	4:45	-	21:00	2:20	28:05
ORAL HEALTH CARE DELIVERY	27:40	-	40:25	-	68:05
ORAL PATHOLOGY	1:50	-	4:05	-	5:55
ORAL SURGERY	12:00	-	17:45	1:00	30:45
ORTHODONTICS	34:00		59:35	2:00	95:35
PEDIATRICS	11:00	-	9:45	-	20:45
PERIODONTICS	6:00	-	36:15	-	42:15
REMOVABLE PROSTHODONTICS	7:10	36:30	9:05	:15	53:00
ACCELERATED PROF. TRAINING PROGRAM	-	-	56:55	3:35	60:30
ADVANCED SPECIALTY EDUCATION	-	-	4:20	-	4:20
DENTAL HYGIENE	-	-	38:30	-	38:30
TOTAL	217:00	39:00	557:55	33:50	847:45

APPENDIX VV

Time Spent in January Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	2:00	4:00	70:05	11:00	87:05
ACADEMIC AFFAIRS	:15	-	115:25	6:00	121:40
CLINIC AFFAIRS	-	-	32:05	3:15	35:20
ADMISSIONS	-	-	6:00	-	6:00
STUDENT AFFAIRS	-	-	6:00	1:00	7:00
EXTRAMURAL TRAINING PROGRAM	-	-	8:25	4:00	12:25
BASIC DENTAL SCIENCE	10:00	-	42:00	2:00	54:00
CONTINUING EDUCATION	-	-	-	-	-
ANATOMY	4:30	-	75:15	5:30	85:15
BIOCHEMISTRY	5:00	-	1:15	-	6:15
EDUCATIONAL & INSTRUCTIONAL RES.	27:25	-	25:10	3:00	55:35
MICROBIOLOGY	14:15	-	10:15	4:00	28:30
PHARMACOLOGY	63:30	8:00	60:00	6:00	137:30
PHYSIOLOGY	11:00	-	8:20	1:30	20:50
BIOLOGICAL SCIENCES ASSISTANT DEAN	9:00	2:00	35:00	6:30	52:30
ENDODONTICS	4:00	-	23:15	5:30	32:45
FIXED RESTORATIVE	11:45	-	12:15	2:00	26:00
ORAL DIAGNOSIS	19:30	-	73:15	5:55	98:40
ORAL HEALTH CARE DELIVERY	21:55	20:00	49:40	13:20	104:55
ORAL PATHOLOGY	3:30	-	25:30	2:30	31:30
ORAL SURGERY	12:00	-	9:45	-	21:45
ORTHODONTICS	20:00	3:00	44:00	3:00	70:00
PEDIATRICS	9:30	-	49:15	-	58:45
PERIODONTICS	78:30	-	8:00	-	86:30
REMOVABLE PROSTHODONTICS	7:30	-	15:40	2:00	25:10
ACCELERATED PROF. TRAINING PROGRAM	-	-	96:45	7:15	104:00
ADVANCED SPECIALTY EDUCATION	-	-	9:15	-	9:15
DENTAL HYGIENE	-	-	228:00	78:00	306:00
TOTAL	335:05	37:00	1,139:50	173:15	1,685:10

Time Spent in February Preparing the First Drafts or the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	5:00	-	142:45	19:00	166:45
ACADEMIC AFFAIRS	-	-	250:10	35:35	285:45
CLINIC AFFAIRS	4:00	-	8:00	4:15	16:15
ADMISSIONS	-	-	40:50	10:00	50:50
STUDENT AFFAIRS	-	-	13:30	4:15	17:45
EXTRAMURAL TRAINING PROGRAM	-	-	59:30	2:15	61:45
BASIC DENTAL SCIENCE	1:00	-	6:00	10:40	17:40
CONTINUING EDUCATION	-	-	10:30	-	10:30
ANATOMY	41:00	-	16:20	18:00	75:20
BIOCHEMISTRY	7:45	-	2:20	3:00	13:05
EDUCATIONAL & INSTRUCTIONAL RES.	54:00	-	148:25	3:15	205:40
MICROBIOLOGY	3:30	-	33:30	13:20	50:20
PHARMACOLOGY	20:30	-	19:30	2:00	42:00
PHYSIOLOGY	-	-	:15	-	:15
BIOLOGICAL SCIENCES ASSISTANT DEAN	3:00	-	22:15	5:00	30:15
ENDODONTICS	27:00	-	49:30	10:50	87:20
FIXED RESTORATIVE	14:35	-	18:00	6:15	38:50
ORAL DIAGNOSIS	27:45	-	35:00	5:15	68:00
ORAL HEALTH CARE DELIVERY	34:50	-	47:30	19:20	101:40
ORAL PATHOLOGY	3:30	-	22:15	11:00	36:45
ORAL SURGERY	12:00	-	23:00	-	35:00
ORTHODONTICS	42:00	-	42:30	6:45	91:15
PEDIATRICS	7:00	-	15:00	:45	22:45
PERIODONTICS	76:30	2:00	-	1:45	80:15
REMOVABLE PROSTHODONTICS	6:00	-	3:10	5:15	14:25
ACCELERATED PROF. TRAINING PROGRAM	-	-	148:30	17:35	166:05
ADVANCED SPECIALTY EDUCATION	3:45	-	55:00	5:30	64:15
DENTAL HYGIENE	-	-	107:00	12:30	119:30
TOTAL	394:40	2:00	1,340:15	233:20	1,970:15

APPENDIX XX

Time Spent After February Preparing the First Drafts of the Dental School Self-Study Reports

OFFICE OR DEPARTMENT	DEPARTMENTAL REPORTS		TASK REPORTS		TOTAL
	INDIVIDUAL	COMMITTEE	INDIVIDUAL	COMMITTEE	
DEAN	-	-	4:15	-	4:15
ACADEMIC AFFAIRS	-	-	2:00	-	2:00
CLINIC AFFAIRS	-	-	59:00	-	59:00
ADMISSIONS	-	-	8:00	-	8:00
STUDENT AFFAIRS	-	-	-	-	-
EXTRAMURAL TRAINING PROGRAM	-	-	1:00	-	1:00
BASIC DENTAL SCIENCE	-	-	-	-	-
CONTINUING EDUCATION	-	-	6:00	-	6:00
ANATOMY	-	-	18:30	-	18:30
BIOCHEMISTRY	-	-	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	24:00	-	53:00	-	77:00
MICROBIOLOGY	-	-	1:00	-	1:00
PHARMACOLOGY	-	1:00	10:00	-	11:00
PHYSIOLOGY	-	-	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	-	-	-	-	-
ENDODONTICS	-	-	-	-	-
FIXED RESTORATIVE	-	-	1:00	-	1:00
ORAL DIAGNOSIS	5:00	-	34:00	-	39:00
ORAL HEALTH CARE DELIVERY	-	-	-	-	-
ORAL PATHOLOGY	-	-	1:00	-	1:00
ORAL SURGERY	-	-	-	-	-
ORTHODONTICS	-	-	-	-	-
PEDIATRICS	-	-	5:00	-	5:00
PERIODONTICS	-	-	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	-	-	113:30	-	113:30
ADVANCED SPECIALTY EDUCATION	6:30	-	-	-	6:30
DENTAL HYGIENE	-	-	36:15	3:00	39:15
TOTAL	35:30	1:00	353:30	3:00	393:00

Time Spent in October Preparing the
First Drafts of the Dental School Task Reports

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	:30	-	:30
ADMISSIONS	-	-	-
PHYSICAL FACILITIES & EQUIPMENT	3:45	-	3:45
FINANCIAL OPERATION & MANAGEMENT	-	-	-
FACULTY	7:00	12:15	19:15
CURRICULUM	3:40	-	3:40
BEHAVIORAL SCIENCES	-	4:00	4:00
PATIENT MANAGEMENT & COMPREHENSIVE CARE	-	-	-
EXTRAMURAL PROGRAMS	-	-	-
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	-	-	-
LIBRARY	-	-	-
RESEARCH	2:30	-	2:30
RADIOLOGY	-	-	-
GPR	-	-	-
SUB TOTAL	17:25	16:15	33:40
APT	6:00	21:00	27:00
ASE	3:30	4:10	7:40
DH	4:30	7:35	12:05
AD HOC	105:10	142:30	247:40
TOTAL	136:35	191:30	328:05

APPENDIX ZZ

Time Spent Preparing the First Drafts
of the Dental School Task Reports in November

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	18:50	8:00	26:50
ADMISSIONS	8:20	4:30	12:50
PHYSICAL FACILITIES & EQUIPMENT	28:50	11:15	40:05
FINANCIAL OPERATION & MANAGEMENT	6:00	2:00	8:00
FACULTY	119:05	17:00	136:05
CURRICULUM	55:20	7:30	62:50
BEHAVIORAL SCIENCES	12:50	13:30	26:20
PATIENT MANAGEMENT & COMPREHENSIVE CARE	23:30	11:00	34:30
EXTRAMURAL PROGRAMS	12:00	23:00	35:00
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	:15	-	:15
LIBRARY	12:00	5:00	17:00
RESEARCH	27:25	6:30	33:55
RADIOLOGY	-	-	-
GPR	-	-	-
SUB TOTAL	324:25	109:15	433:40
APT	24:55	1:30	26:25
ASE	44:30	2:00	46:30
DH	27:15	:50	28:05
AD HOC	43:45	13:45	57:30
TOTAL	464:50	127:20	592:10

Time Spent Preparing the First Drafts
of the Dental School Task Reports in December

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	65:40	8:00	73:40
ADMISSIONS	12:20	-	12:20
PHYSICAL FACILITIES & EQUIPMENT	21:20	-	21:20
FINANCIAL OPERATION & MANAGEMENT	11:30	:45	12:15
FACULTY	85:25	6:45	92:10
CURRICULUM	66:35	16:20	82:55
BEHAVIORAL SCIENCES	33:25	-	33:25
PATIENT MANAGEMENT & COMPREHENSIVE CARE	21:15	-	21:15
EXTRAMURAL PROGRAMS	24:30	4:00	28:30
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	1:40	-	5:10
LIBRARY	8:00	-	8:00
RESEARCH	33:35	-	33:35
RADIOLOGY	-	-	-
GPR	-	-	-
SUB TOTAL	385:15	35:50	421:05
APT	43:00	-	43:00
ASE	79:30	-	79:30
DH	38:30	-	38:30
AD HOC	1:00	-	1:00
TOTAL	547:15	35:50	583:05

APPENDIX BBB

Time Spent Preparing the First Drafts
of the Dental School Task Reports in January

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	59:30	16:00	75:30
ADMISSIONS	9:30	-	9:30
PHYSICAL FACILITIES & EQUIPMENT	46:35	5:25	52:00
FINANCIAL OPERATION & MANAGEMENT	18:35	-	18:35
FACULTY	163:00	11:30	174:30
CURRICULUM	253:25	14:00	267:25
BEHAVIORAL SCIENCES	25:30	6:00	31:30
PATIENT MANAGEMENT & COMPREHENSIVE CARE	88:45	-	88:45
EXTRAMURAL PROGRAMS	15:55	9:00	24:55
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	2:15	-	2:15
LIBRARY	10:50	-	10:50
RESEARCH	64:10	11:00	75:10
RADIOLOGY	-	-	-
GPR	-	-	-
SUB TOTAL	758:00	72:55	830:55
APT	50:30	2:00	52:30
ASE	49:50	-	49:50
DH	228:00	78:00	306:00
AD HOC	12:40	24:00	36:40
TOTAL	1,099:00	176:55	1,275:55

Time Spent Preparing the First Drafts
of the Dental School Task Reports in February

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	115:05	11:00	126:05
ADMISSIONS	62:05	23:00	85:50
PHYSICAL FACILITIES & EQUIPMENT	3:00	-	3:00
FINANCIAL OPERATION & MANAGEMENT	35:25	4:00	39:25
FACULTY	174:35	33:00	207:35
CURRICULUM	284:10	80:50	365:00
BEHAVIORAL SCIENCES	41:30	4:30	46:00
PATIENT MANAGEMENT & COMPREHENSIVE CARE	26:30	1:00	27:30
EXTRAMURAL PROGRAMS	83:35	23:00	106:35
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	3:15	-	3:15
LIBRARY	104:35	-	104:35
RESEARCH	41:45	5:00	46:45
RADIOLOGY	-	-	-
GPR	-	-	-
SUB TOTAL	975:30	185:20	1,160:50
APT	94:30	-	94:30
ASE	145:15	2:00	147:15
DH	107:00	10:30	117:30
AD HOC	45:00	30:00	75:00
TOTAL	1,367:15	227:50	1,595:05

APPENDIX DDD

Time Spent After February Preparing the
First Drafts of the Dental School Task Reports

TASK NAME	INDIVIDUAL	COMMITTEE	TOTAL
UNIVERSITY RELATIONSHIP & PROGRAM ADMINISTRATION	-	-	-
ADMISSIONS	8:00	-	8:00
PHYSICAL FACILITIES & EQUIPMENT	-	-	-
FINANCIAL OPERATION & MANAGEMENT	2:00	-	2:00
FACULTY	-	-	-
CURRICULUM	2:00	-	2:00
BEHAVIORAL SCIENCES	-	-	-
PATIENT MANAGEMENT & COMPREHENSIVE CARE	-	-	-
EXTRAMURAL PROGRAMS	1:00	-	1:00
HOSPITAL & MEDICAL SCHOOL RELATIONSHIPS	12:00	-	12:00
LIBRARY	58:00	-	58:00
RESEARCH	-	-	-
RADIOLOGY	50:00	5:00	55:00
GPR	-	-	-
SUB TOTAL	133:00	5:00	138:00
APT	114:00	-	114:00
ASE	-	-	-
DH	146:15	17:00	163:15
AD HOC	-	-	-
TOTAL	393:15	22:00	415:15

APPENDIX EEE

Time Spent During the Review Process of the Dental School Self-Study in March

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	89:00	18:00	107:00
ACADEMIC AFFAIRS	44:00	9:00	53:00
CLINIC AFFAIRS	17:00	6:00	23:00
ADMISSIONS	-	2:00	2:00
STUDENT AFFAIRS	11:00	5:00	16:00
EXTRAMURAL TRAINING PROGRAM	13:00	10:00	23:00
BASIC DENTAL SCIENCE	16:00	10:00	26:00
CONTINUING EDUCATION	-	-	-
ANATOMY	32:00	18:00	50:00
BIOCHEMISTRY	8:00	-	8:00
EDUCATIONAL & INSTRUCTIONAL RES.	24:30	14:00	38:30
MICROBIOLOGY	6:30	17:00	23:30
PHARMACOLOGY	16:00	10:30	26:30
PHYSIOLOGY	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	16:00	2:30	18:30
ENDODONTICS	13:30	1:30	15:00
FIXED RESTORATIVE	8:00	7:00	15:00
ORAL DIAGNOSIS	16:00	12:00	28:00
ORAL HEALTH CARE DELIVERY	58:50	27:00	85:50
ORAL PATHOLOGY	9:30	-	9:30
ORAL SURGERY	-	-	-
ORTHODONTICS	7:30	10:00	17:30
PEDIATRICS	-	7:00	7:00
PERIODONTICS	26:00	7:00	33:00
REMOVABLE PROSTHODONTICS	10:00	12:00	22:00
ACCELERATED PROF. TRAINING PROGRAM	28:30	21:00	49:30
ADVANCED SPECIALTY EDUCATION	16:30	4:30	21:00
DENTAL HYGIENE	-	3:00	3:00
TOTAL	487:20	234:00	721:20

APPENDIX FFF

Time Spent During the Review Process of the Dental School Self-Study in April

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	18:30	6:45	25:15
ACADEMIC AFFAIRS	8:00	13:00	21:00
CLINIC AFFAIRS	21:15	2:45	24:00
ADMISSIONS	6:00	8:45	14:45
STUDENT AFFAIRS	-	2:00	2:00
EXTRAMURAL TRAINING PROGRAM	-	-	-
BASIC DENTAL SCIENCE	6:00	5:45	11:45
CONTINUING EDUCATION	-	-	-
ANATOMY	9:30	10:30	20:00
BIOCHEMISTRY	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	12:30	8:00	20:30
MICROBIOLOGY	-	-	-
PHARMACOLOGY	6:30	-	6:30
PHYSIOLOGY	13:45	2:30	16:15
BIOLOGICAL SCIENCES ASSISTANT DEAN	-	-	-
ENDODONTICS	5:00	-	5:00
FIXED RESTORATIVE	2:30	7:30	10:00
ORAL DIAGNOSIS	29:00	6:30	35:30
ORAL HEALTH CARE DELIVERY	41:50	15:00	56:50
ORAL PATHOLOGY	7:00	-	7:00
ORAL SURGERY	41:00	-	41:00
ORTHODONTICS	17:00	11:30	28:30
PEDIATRICS	13:00	2:00	15:00
PERIODONTICS	49:00	-	49:00
REMOVABLE PROSTHODONTICS	4:00	:30	4:30
ACCELERATED PROF. TRAINING PROGRAM	26:50	4:15	31:05
ADVANCED SPECIALTY EDUCATION	20:00	4:30	24:30
DENTAL HYGIENE	39:30	9:00	48:30
TOTAL	397:40	125:10	522:50

Time Spent During the Review Process
of the Dental School Self-Study in May

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	83:00	7:15	90:15
ACADEMIC AFFAIRS	62:00	1:15	63:15
CLINIC AFFAIRS	16:00	-	16:00
ADMISSIONS	19:45	1:15	21:00
STUDENT AFFAIRS	7:00	1:15	8:15
EXTRAMURAL TRAINING PROGRAM	15:00	-	15:00
BASIC DENTAL SCIENCE	-	1:15	1:15
CONTINUING EDUCATION	-	-	-
ANATOMY	39:00	-	39:00
BIOCHEMISTRY	21:45	-	21:45
EDUCATIONAL & INSTRUCTIONAL RES.	60:00	1:15	61:15
MICROBIOLOGY	13:00	10:30	23:30
PHARMACOLOGY	28:00	6:15	34:15
PHYSIOLOGY	34:00	16:00	50:00
BIOLOGICAL SCIENCES ASSISTANT DEAN	14:00	:45	14:45
ENDODONTICS	8:00	-	8:00
FIXED RESTORATIVE	:10	-	:10
ORAL DIAGNOSIS	14:30	1:15	15:45
ORAL HEALTH CARE DELIVERY	60:30	14:00	74:30
ORAL PATHOLOGY	27:00	-	27:00
ORAL SURGERY	45:00	-	45:00
ORTHODONTICS	11:30	4:45	16:15
PEDIATRICS	-	-	-
PERIODONTICS	32:00	-	32:00
REMOVABLE PROSTHODONTICS	16:00	-	16:00
ACCELERATED PROF. TRAINING PROGRAM	49:30	6:30	56:00
ADVANCED SPECIALTY EDUCATION	13:00	2:00	15:00
DENTAL HYGIENE	116:00	19:00	135:00
TOTAL	805:40	94:30	900:10

APPENDIX HHH

Time Spent During the Review Process
of the Dental School Self-Study in June

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	55:30	30:45	86:15
ACADEMIC AFFAIRS	14:30	8:30	23:00
CLINIC AFFAIRS	24:00	11:45	35:45
ADMISSIONS	22:00	9:00	31:00
STUDENT AFFAIRS	8:30	8:30	17:00
EXTRAMURAL TRAINING PROGRAM	3:00	-	3:00
BASIC DENTAL SCIENCE	22:00	9:00	31:00
CONTINUING EDUCATION	26:00	-	26:00
ANATOMY	15:00	2:30	17:30
BIOCHEMISTRY	36:45	-	36:45
EDUCATIONAL & INSTRUCTIONAL RES.	33:00	10:30	43:30
MICROBIOLOGY	3:00	-	3:00
PHARMACOLOGY	16:00	14:00	30:00
PHYSIOLOGY	-	-	-
BIOLOGICAL SCIENCES ASSISTANT DEAN	17:30	10:30	28:00
ENDODONTICS	2:00	-	2:00
FIXED RESTORATIVE	-	-	-
ORAL DIAGNOSIS	27:00	9:30	36:30
ORAL HEALTH CARE DELIVERY	26:20	13:15	39:35
ORAL PATHOLOGY	7:00	-	7:00
ORAL SURGERY	20:00	-	20:00
ORTHODONTICS	6:00	-	6:00
PEDIATRICS	11:00	-	11:00
PERIODONTICS	63:00	-	63:00
REMOVABLE PROSTHODONTICS	27:00	2:00	29:00
ACCELERATED PROF. TRAINING PROGRAM	22:30	15:45	38:15
ADVANCED SPECIALTY EDUCATION	11:00	8:00	19:00
DENTAL HYGIENE	28:00	7:00	35:00
TOTAL	547:35	170:30	718:05

Time Spent During the Review Process
of the Dental School Self-Study in July

OFFICE OR DEPARTMENT	INDIVIDUAL	COMMITTEE	TOTAL
DEAN	60:00	24:00	84:00
ACADEMIC AFFAIRS	3:00	9:00	12:00
CLINIC AFFAIRS	4:00	4:00	8:00
ADMISSIONS	-	6:00	6:00
STUDENT AFFAIRS	-	5:30	5:30
EXTRAMURAL TRAINING PROGRAM	-	-	-
BASIC DENTAL SCIENCE	1:00	9:00	10:00
CONTINUING EDUCATION	2:00	6:30	8:30
ANATOMY	-	-	-
BIOCHEMISTRY	-	-	-
EDUCATIONAL & INSTRUCTIONAL RES.	8:00	15:30	23:30
MICROBIOLOGY	-	-	-
PHARMACOLOGY	-	2:00	2:00
PHYSIOLOGY	-	2:30	2:30
BIOLOGICAL SCIENCES ASSISTANT DEAN	3:00	10:00	13:00
ENDODONTICS	-	-	-
FIXED RESTORATIVE	9:00	-	9:00
ORAL DIAGNOSIS	11:00	11:30	22:30
ORAL HEALTH CARE DELIVERY	1:00	9:30	10:30
ORAL PATHOLOGY	45:00	-	45:00
ORAL SURGERY	17:00	-	17:00
ORTHODONTICS	-	-	-
PEDIATRICS	-	-	-
PERIODONTICS	-	-	-
REMOVABLE PROSTHODONTICS	-	-	-
ACCELERATED PROF. TRAINING PROGRAM	5:00	8:00	13:00
ADVANCED SPECIALTY EDUCATION	10:30	-	10:30
DENTAL HYGIENE	38:30	5:00	43:30
TOTAL	218:00	128:00	346:00

APPENDIX JJJ

Means & Standard Deviations of Attitude Scores of All Students (Weighted)

Issue	Mean	N	sd
Student Involvement	1.30	300	.9118
Departmental Responsiveness	1.49	95	.8363
Task Force Responsiveness	1.76	63	.7343
Faculty Accessibility	2.22	280	.8867
Quality of Instruction	2.47	281	.7835
Expectation of Improvement	1.12	297	.8625

APPENDIX KKK

Means & Standard Deviations of Attitude Scores of Dental Hygiene, Accelerated Professional Training and Regular DDS Students

Issue	Mean			sd			N		
	DH	APT	DDS	DH	APT	DDS	DH	APT	DDS
Student Involvement	1.95	1.47	1.22	.9989	1.1459	.8356	43	20	237
Departmental Responsiveness	1.89	2.00	1.42	.6686	.8165	.8340	12	10	73
Task Force Responsiveness	1.62	1.67	1.78	.6505	.6901	.7733	13	7	43
Faculty Accessibility	2.38	1.24	2.26	.9264	.8136	.8270	43	21	216
Quality of Instruction	2.48	1.57	2.52	.8958	.9643	.6900	41	19	221
Expectation of Improvement	1.69	1.03	1.06	.7940	.8646	.8501	41	21	235

APPENDIX LLL

Means & Standard Deviations of Attitude Scores of Year 3 & Year 4 Dental Hygiene Students

	Mean		sd		N	
	Yr 3	Yr 4	Yr 3	Yr 4	Yr 3	Yr 4
Student Involvement	1.94	1.96	1.029	.9992	17	26
Departmental Responsiveness	2.00	1.80	.8165	.4472	7	5
Task Force Responsiveness	1.67	1.57	.8165	.5345	6	7
Faculty Accessibility	2.47	2.31	.7174	1.0495	17	26
Quality of Instruction	2.67	2.31	.7237	.9703	15	26
Expectation of Improvement	1.93	1.52	.9611	.6481	15	26

APPENDIX MMM

Means & Standard Deviations of Attitude Scores of APT Student Classes

Issue	Mean Yr 1	Mean Yr 2	Mean Yr 3	sd Yr 1	sd Yr 2	sd Yr 3	N Yr 1	N Yr 2	N Yr 3
Student Involvement	2.00	.67	1.75	1.0541	.8165	1.2583	10	6	4
Departmental Responsiveness	2.00	2.00	2.00	.6325	1.4142	1.4142	6	6	2
Task Force Responsiveness	2.00	1.00	2.00	.0000	.0000	1.4142	4	1	2
Faculty Accessibility	1.00	1.33	1.40	.8165	.8165	.8944	10	6	5
Quality of Instruction	1.12	1.67	2.00	1.1260	.8165	.7071	8	6	5
Expectation of Improvement	1.10	1.00	1.00	.9944	.6325	1.000	10	5	5

APPENDIX NNN

Means & Standard Deviations of Attitude Scores of NDS Student Classes

Issue	Mean Yr 1	Mean Yr 2	Mean Yr 3	Mean Yr 4	sd Yr 1	sd Yr 2	sd Yr 3	sd Yr 4	N Yr 1	N Yr 2	N Yr 3	N Yr 4
Student Involvement	1.24	1.37	.98	1.26	.8802	.7873	.7335	.8981	79	79	45	34
Departmental Responsiveness	1.66	1.36	1.10	1.50	.7209	.9512	.7378	.8367	29	28	10	6
Task Force Responsiveness	1.68	2.00	1.60	1.80	.5824	.8770	.5477	1.3038	19	14	5	5
Faculty Accessibility	2.40	2.35	2.17	2.09	.6576	.8770	.9842	.8427	75	68	40	33
Quality of Instruction	2.48	2.77	2.41	2.40	.6845	.4867	.7824	.8117	75	70	41	35
Expectation of Improvement	1.34	1.00	.67	.97	.8073	.7463	.7213	.9276	76	80	42	37

Means & Standard Deviations of Attitude Scores of Students Active or Not Active on Accreditation Self-Study Committees

Issue	Mean		sd		N	
	Active	Not Active	Active	Not Active	Active	Not Active
Student Involvement	1.96	1.24	.9199	.8873	27	273
Departmental Responsiveness	1.97	1.39	.9608	.7844	14	81
Task Force Responsiveness	2.27	1.30	.7500	.6773	16	47
Faculty Accessibility	2.25	2.21	.8590	.8912	27	253
Quality of Instruction	2.50	2.48	.7348	.7583	27	254
Expectation of Improvement	1.04	1.13	.7830	.8819	27	270

APPENDIX PPP

Means & Standard Deviations of Attitude Scores of Students Serving on Accreditation Self-Study Committees by Type of Student

	Mean			sd	N		
	DH	APT	DDS	DDS	DH	APT	DDS
Student Involvement	2.20	2.50	1.90	.968	5	2	20
Departmental Responsiveness	2.33	2.00	1.93	1.054	3	2	9
Task Force Responsiveness	2.00	2.00	2.32	.651	2	2	12
Faculty Accessibility	2.40	2.00	2.25	.910	5	2	20
Quality of Instruction	2.20	2.50	2.54	.761	5	2	20
Expectation of Improvement	1.60	1.00	.98	.686	5	2	20

*DH and APT numbers too small to compute sd.

APPENDIX QQQ

Means & Standard Deviations of Attitude Scores of Students Not Serving on Accreditation Self-Study Committees by Type of Student

Issue	Mean DH	Mean APT	Mean DDS	sd DH	sd APT	sd DDS	N DH	N APT	N DDS
Student Involvement	1.92	1.44	1.15	1.024	1.149	.817	38	18	217
Departmental Responsiveness	1.78	2.00	1.31	.666	.756	.817	9	8	64
Task Force Responsiveness	1.55	1.80	1.24	.688	.447	.752	11	5	31
Faculty Accessibility	2.37	1.11	2.26	.942	.809	.809	38	19	196
Quality of Instruction	2.53	1.41	2.54	.964	.939	.678	36	17	201
Expectation of Improvement	1.69	1.05	1.07	.828	.848	.870	36	19	215

APPENDIX RRR

Areas of Faculty Responsibility Most Affected by the Accreditation Self-Study

Group	% Indicating Greatest Impact In: Instruction	Research	Service	None
DDS Faculty	18.7	45.3	9.3	26.7
Clinical	21.1	36.8	12.3	29.8
Biological	11.1	72.2	0	16.7
Administrators	18.2	27.3	18.2	36.4
Nonadministrative Faculty	18.9	52.8	5.7	22.6
Dental Hygiene	12.5	62.5	12.5	12.5

Areas of Individual Responsibility Most Affected by the Accreditation Self-Study

% Indicating Greatest Impact In:

Group	Instruction	Research	Service	None
DDS Faculty	11.7	54.5	7.8	26.0
Clinical	13.6	45.8	10.2	26.0
Biological	5.6	83.3	0	11.1
Administrators	13.6	40.9	18.2	27.3
Nonadministrative Faculty	10.9	60.0	13.6	25.5
Dental Hygiene	14.3	57.1	14.3	14.3

APPENDIX TTT

Means, Medians and Standard Deviations of Faculty Attitudes Toward Accreditation

	DDS Faculty	Biological Faculty	Clinical Faculty	Dental Hygiene
Faculty Accessibility				
n	77	18	59	8
mean	2.077	2.278	1.897	1.875
median	2	2	2	2
sd	.811	.895	.772	.354
Individual Accessibility				
n	78	18	60	8
mean	2.353	2.389	2.317	2.125
median	3	3	3	3
sd	.863	.850	.873	.354
Quality of Instruction				
n	76	18	58	8
mean	2.450	2.611	2.404	3.000
median	2.5	3	2	3
sd	.597	.502	.623	0
Individual Instruction				
n	78	18	60	8
mean	2.824	2.889	2.767	3.000
median	3	3	3	3
sd	.430	.324	.465	.000
Individual Research				
n	76	10	57	7
mean	2.003	1.778	2.017	1.429
median	2	2	2	2
sd	.430	.809	1.084	1.272
School-wide Research				
n	75	18	57	7
mean	1.831	1.889	1.789	1.5710
median	2	2	2	2
sd	.896	.677	.959	.535

Means, Medians and Standard Deviations
of Faculty Attitudes Toward Accreditation
Continued

	DDS Faculty	Biological Faculty	Clinical Faculty	Dental Hygiene
Individual Service				
n	77	18	59	8
mean	2.1690	2.389	2.085	1.500
median	2	3	2	1.5
sd	.844	.850	.837	.535
School-wide Service				
n	76	18	58	8
mean	1.990	2.278	1.897	1.375
median	2	2	2	2.5
sd	.757	.826	.718	.744
Expectation of Improvement				
n	74	18	56	8
mean	1.447	1.500	1.397	2.250
median	1	1.5	1	2
sd	.797	.786	.837	.707
Student Involvement				
n	72	17	55	8
mean	1.500	1.647	1.491	1.250
median	1	1	1	1
sd	.872	.862	.879	.463

Means, Medians and Standard Deviations
of Faculty Attitudes Toward Accreditation
Continued

	Administrators	Nonacadmin. Faculty	Faculty Serving on Self-Study Committees	Faculty Not Serving on Self-Study Committees	ad hoc Committee Members	Faculty Not Serving on ad hoc Committees
Faculty Accessibility						
n	22	55	50	27	20	57
mean	1.909	2.036	1.980	2.037	1.800	2.070
median	2	2	2	2	2	2
sd	.972	.744	.845	.759	.951	.752
Individual Accessibility						
n	22	56	51	27	20	58
mean	2.0909	2.4286	2.1373	2.7037	2.0000	2.4483
median	2	3	2	3	2	2
sd	1.909	.735	.939	.541	1.124	.729
Quality of All Instruction						
n	22	54	50	26	20	56
mean	2.409	2.463	2.440	2.4615	2.250	2.518
median	3	2	3	2	2	3
sd	734	.539	.644	.508	.716	.539
Individual Instruction						
n	22	55	50	27	20	57
mean	2.3909	2.8909	2.7600	2.8889	2.550	2.895
median	3	3	3	3	3	3
sd	.590	.315	.476	.321	.605	.310

Means, Medians and Standard Deviations of Faculty Attitudes toward Accreditation Continued

	Administrators	Nonadmin. Faculty	Faculty Serving on Self-Study Committees	Faculty Not Serving on Self-Study Committees	ad hoc Committee Members	Faculty Not Serving on ad hoc Committee
School-wide Research						
n	21	54	49	26	21	55
mean	1.3714	1.9074	1.6531	2.1154	1.7143	1.836
median	1	2	2	2	2	2
sd	1.076	.807	.903	.816	1.046	.877
Individual Research						
n	21	54	49	26	20	55
mean	1.7619	2.0741	1.7143	2.5000	1.9000	2.018
median	2	2	2	3	2	2
sd	1.221	.908	1.041	.707	1.119	.972
School-wide Service						
n	22	54	50	25	21	56
mean	1.9545	2.000	1.980	2.000	1.8095	2.036
median	2	2	2	2	2	2
sd	.950	.673	.795	.707	1.045	.686
Individual Service						
n	22	55	50	26	20	57
mean	2.0000	2.2182	2.0000	2.4231	1.7500	2.263
median	2	2	2	3	2	2
sd	.976	.786	.833	.809	1.045	.791

Means, Medians and Standard Deviations of Faculty Attitudes Toward Accreditation Continued

	Administrators	Nonadmin. Faculty	Faculty Serving on Self-Study Committees	Faculty Not Serving on Self-Study Committees	ad hoc Committee Members	Faculty Not Serving on ad hoc Committee
Student Involvement						
n	22	30	47	25	19	33
mean	1.7727	1.4200	1.617	1.360	1.737	1.453
median	2	1	1	1	1	1
sd	.869	.839	.787	1.036	.872	.868
Expectation of Improvement						
n	22	32	48	26	19	33
mean	1.3909	1.4038	1.458	1.462	1.421	1.473
median	1	1	1	1	1	1
sd	.834	.773	.742	.904	.961	.742

APPENDIX UUU

Comparisons of Attitude Scores of Faculty Groups

A. Clinical and Biological Science Faculty (DDS)

Issue	df	t Score	Significance
Faculty Accessibility	75	1.7647	.10
Individual Accessibility	76	.3085	NS
Quality of All Instruction	73	-1.2825	NS
Individual Instruction	44	-1.0377	NS
School-wide Research	73	-.4105	NS
Individual Research	74	.8622	NS
School-wide Service	74	1.8984	.10
Individual Service	75	1.3445	NS
Student Involvement	70	-.6422	NS
Expectation of Improvement	74	-.4625	NS

Comparisons of Attitude Scores of Faculty Groups Continued

B. DDS Faculty Serving and Those Not Serving on Self-Study Task and/or Review Committees

Issue	df	t Score	Significance
Faculty Accessibility	75	-.2926	NS
Individual Accessibility	75	-2.8606	.01
Quality of All Instruction	74	-.1477	NS
Individual Instruction	75	-1.2598	NS
School-wide Research	73	-2.1796	.05
Individual Research	73	-3.4445	.01
School-wide Service	73	-.1064	NS
Individual Service	74	2.1208	.05
Student Involvement	38	-1.1948	NS
Expectation of Improvement	72	.1064	NS

Comparisons of Attitude Scores of Faculty Groups Continued

C. DDS Faculty Serving and Not Serving on the ad hoc Committee

Issue	df	t Score	Significance
Faculty Accessibility	75	-1.2869	NS
Individual Accessibility	27	-2.0461	.05
Quality of All Instruction	30	1.7437	.10
Individual Instruction	25	-3.2764	.01
School-wide Research	73	-.9776	NS
Individual Research	73	-.4463	NS
School-wide Service	28	-1.3823	NS
Individual Service	75	-2.2892	.05
Student Involvement	70	1.2226	NS
Expectation of Improvement	72	-.2436	NS

Comparisons of Attitude Scores of Faculty Groups Continued

D. Administrative and Nonadministrative Faculty

Issue	df	t Score	Significance
Faculty Accessibility	75	-.6177	NS
Individual Accessibility	31	-1.5692	NS
Quality of All Instruction	34	.2406	NS
Individual Instruction	28	-2.8930	.01
School-wide Research	73	-1.4692	NS
Individual Research	73	-1.2101	NS
School-wide Service	28	-.2360	NS
Individual Service	75	-1.0249	NS
Student Involvement	70	.8620	NS
Expectation of Improvement	72	.9221	NS

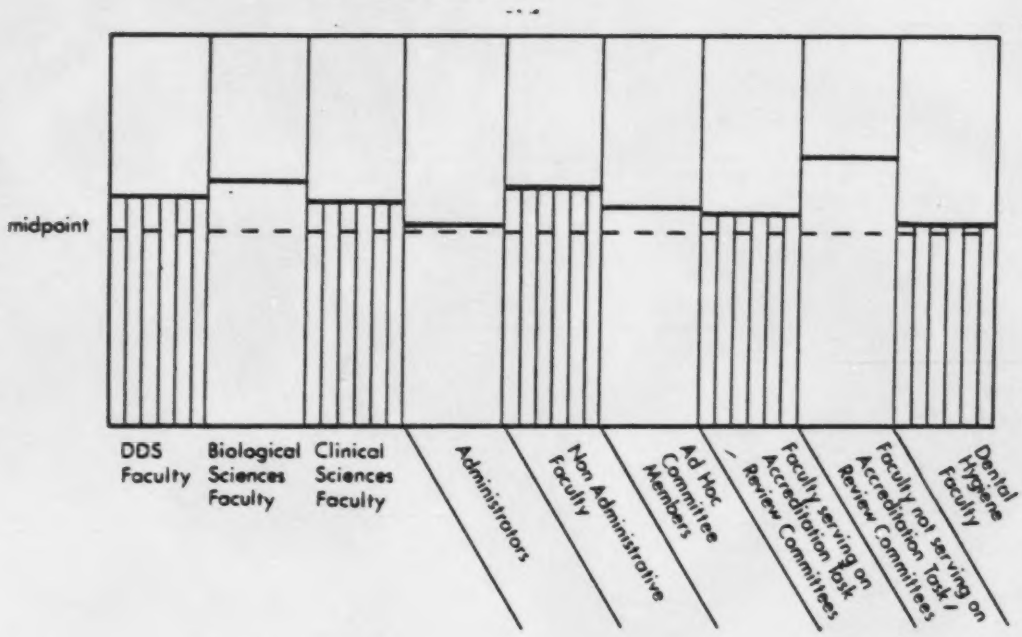
Comparisons of Attitude Scores of Faculty Groups Continued

E. Dental Hygiene and DDS Faculty

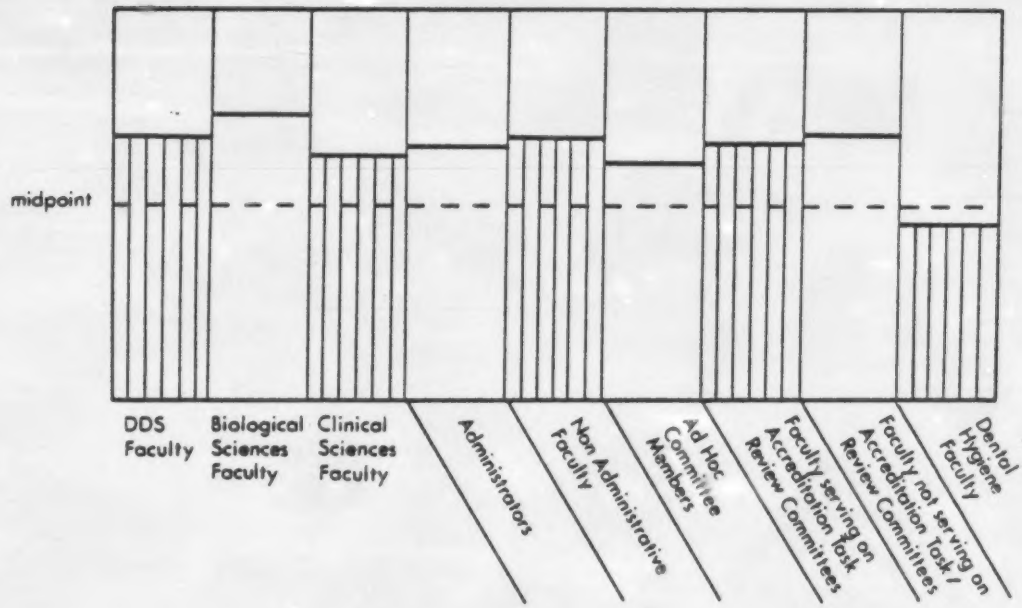
Issue	df	t Score	Significance
Faculty Accessibility	21	.4539	NS
Individual Accessibility	22	.6731	NS
Quality of All Instruction	82	-2.5895	.01
Individual Instruction	83	1.2746	NS
School-wide Research	80	.7013	NS
Individual Research	80	-1.3060	NS
School-wide Service	82	2.1772	NS
Individual Service	83	-2.1466	.05
Student Involvement	17	.7954	NS
Expectation of Improvement	80	-2.7332	.01

APPENDIX VVV

Faculty Attitudes Towards the Impact of Accreditation on Dental School Service



Faculty Attitudes Towards the Impact of Accreditation on Dental School Research



APPENDIX XXX

Means, Medians and Standard Deviations
of Attitude Scores of Secretaries

Issue	All Secretaries	Departmental Secretaries	Other Secretaries
Interference With Routine			
n	18	10	8
mean	1.000	.800	1.250
median	1	.5	1.5
sd	1.029	.9189	1.165
Worth Extra Work			
n	16	8	8
mean	1.525	1.250	1.875
median	2	1	2
sd	.727	.707	.641
Faculty Sympathetic			
n	18	10	8
mean	2.000	1.800	2.250
median	2	2	2.5
sd	1.029	1.033	1.035
School Sympathetic			
n	18	10	8
mean	1.333	1.100	1.625
median	1	1	1.5
sd	.970	.876	1.061
Time Made Available			
n	18	10	8
mean	1.722	1.100	1.625
median	2	2	2
sd	.895	.919	.916

APPENDIX YYY

Comparison of Attitude Scores of Departmental and Other Secretaries

Issue	t score	sig	X^2	sig
Interference With Routine	.9184	NS	.748	NS
Worth Extra Work	1.8519	.10	2.716	.10
Faculty Sympathetic	.9180	NS	1.741	NS
School Sympathetic	1.1526	NS	.178	NS
Time Made Available	.4024	NS	.225	NS

APPENDIX ZZZ

Means, Medians and Standard Deviations of Staff and Student Attitudes Toward Accreditation

	Associate Staff	Secretarial Staff	DDS Students
Faculty Accessibility			
n	3	16	257
mean	1.000	2.125	2.201
median	1	2.5	2
sd	*	1.088	.8867
Quality of All Instruction			
n	NA	NA	281
mean			2.465
median			3
sd			.7835
Student Involvement			
n	2	NA	300
mean	1.000		1.236
median	1		1
sd	*		.9118
Expectation of Improvement			
n	5	18	297
mean	1.600	1.167	1.059
median	2	1	1
sd	.548	.857	.8625

*n too small to calculate

Comparisons of Attitude Scores Between Groups of Personnel and/or Students

A. DDS Students and Faculty

Area	df	t Score	Significance
Faculty Accessibility	312	1.764	.10
Quality of All Instruction	164	.179	NS
Student Involvement	327	2.237	.02
Expectation of Improvement	328	3.767	.01

B. Secretaries and DDS Faculty

Area	df	t Score	Significance
Faculty Accessibility	23	.4977	NS
Expectation of Improvement	90	1.3170	NS

C. Secretaries and DDS Students

Area	df	t Score	Significance
Faculty Accessibility	251	.3284	NS
Expectation of Improvement	272	.6116	NS

D. DDS and DH Faculties

Area	df	t Score	Significance
Faculty Accessibility	21	.4539	NS
Quality of All Instruction	82	-2.5895	.01
Student Involvement	17	.7954	NS
Expectation of Improvement	80	-2.7332	.01

APPENDIX BBBB

Strength of Agreement/Disagreement* of Faculty Toward Accreditation Self-Study Issues

	Organization of Self-Study	Likelihood of Change	Opportunity for Involvement
	Mean	Mean	Mean
DDS Faculty	1.4840	1.6453	1.8090
Biological	1.5187	1.7078	1.9720
Clinical	1.4723	1.6320	1.7615
Administrators	1.7121	1.6975	1.9773
Nonadministrative Faculty	1.4179	1.6300	1.7593
ad hoc Committee	1.6563	1.6397	2.0000
Faculty Serving on Committees	1.6250	1.9510	2.0000
Faculty Not Serving on Committees	1.5200	1.6150	1.8280
Dental Hygiene	1.4754	1.7149	1.8104

*Means provided in table have a possible range of 0 - 3. 1.5 indicates neutral feelings; scores above 1.5 are more positive, while those below 1.5 are more negative.

APPENDIX CCCC

Comparison of Agreement/Disagreement
Between Faculty Groups

	Biological & Clinical Faculty		Administrators Nonadministrators		DDS & DH Faculty		ad hoc & Non-ad hoc Members	
	t score	sig	t score	sig	t score	sig	t score	sig
Organization of Self-Study	-.3727	NS	2.1988	.05	.7630	NS	1.600	NS
Likelihood of Change	-.9904	NS	.8242	NS	-2.6606	.01	No Difference	
Opportunity for Involvement	-1.905	.10	-1.7913	.10	1.0449	NS	-2.0763	.05

APPENDIX DDDD

Comparison of Faculty Agreement/Disagreement With Issues Dealing With the Accreditation Self-Study

	Faculty Groups					
	Clinical/ Biological/Faculty		Administrative/ Nonadministrative		DDS/DH Faculty	
	t score	sig	t score	sig	t score	sig
Effect on Standing Committees	-1.9480	.10	.0929	NS	.7217	NS
Effect on Continuing Education	1.6970	.10	.3050	NS	1.1587	NS
Adequacy of Self-Study Committees	-1.0697	NS			.7472	NS
Availability of Release Time	-1.9181	.10	2.0169		1.6987	.10
Increase of Student Effectiveness	.1305	NS	1.2056	NS	.1323	NS
Faculty Pride	-.4560	NS	.5311	NS	2.6038	.02
Amount of Time Spent	.6954	NS	.5215	NS	-1.9927	.10
Likelihood of Curriculum Change	2.0426	.05	.4307	NS	.0116	NS
Awareness of Administration	.5729	NS	1.9174	.10	1.6762	.10
Effect on Communication	.8554	NS	-.2622	NS	1.0275	NS
Extent of Faculty Involvement	1.1581	NS	1.3124	NS	1.7268	.10
Faculty Review Opportunities	.9657	NS	1.1103	NS	-.4916	NS

Comparison of Attitudes of Deans and Other Administrators

Issue	t score	sig	Issue	t score	sig
Accessibility of All Faculty	.3263	NS	Effect on Continuing Education	.8230	NS
Individual Accessibility	-1.3371	NS	Adequacy of Release Time	2.2352	.05
Quality of All Instruction	1.0476	NS	Student Effectiveness	.8230	NS
Quality of Individual Instruction	-.9582	NS	Effect on Faculty Pride	.7178	NS
School-wide Service	-.2911	NS	Effect on Curriculum	.6289	NS
Individual Service	.4457	NS	Awareness of Administration	-1.3484	NS
Student Involvement	.4089	NS	Effect on Communication	.9699	NS
Expectation of Improvement	1.1944	NS	Faculty Involvement	-.3825	NS
Effect on Committees	.8230	NS	Opportunity for Review	No Difference	